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SPECIAL SECTION

A JOURNEY OF COMMUNITY

Catholic Healthcare Providers' Presence Is Necessary to Sustain a Values-based System

BY BP. JOSEPH M. SULLIVAN, DD

I am greatly disturbed by the social revolution now taking place in the United States and by its impact on the healing ministry and on the poor. The restructuring of healthcare is not driven by reform that redresses the fundamental inequities in providing health coverage to all, but by market forces that make money the driving force. The lack of dignified access to healthcare is a national disgrace, and present market forces will only further distort the injustices in healthcare. Efficiency and survival, not equity, are the goals of today's healthcare reorganization.

National health and social policy from 1935 to 1980 was a unitive force providing a safety net to many who lived on the margin. Since the 1980s this safety net has been gradually ripped apart, and its most glaring deficiency is the impoverishment of America's children. The proposed revolution coming from Washington, DC, has within it the seeds of divisiveness and the potential for social disorder.

Maintaining the Catholic Presence

In this context, leaders in Catholic healthcare must use all their will and creative imagination to find a way to maintain a significant Catholic presence in healthcare. We are a values-based presence, giving priority to person, not product and profit. The keystone of our Catholic social teaching is the dignity of person. We look with wonder and awe at the human person. We accept and cherish life as a gift of the creator. We regard life as sacred from inception to the last breath. We do not have absolute rights over life decisions.

As Catholic healthcare providers, we follow the biblical wisdom that it is the poor who lead us to the Kingdom of God. We find a place at the table for them. We do not leave them at the gate and live in our own splendid isolation.

We believe in community—that the journey is not solitary. Catholic healthcare providers are

Bp. Sullivan is auxiliary bishop, Diocese of Brooklyn, NY. This article is adapted from a speech he gave when he was honored at the fourth annual Concilia Moran Leadership Forum, June 1995.

Summary Catholic healthcare leaders must use all their will and creative imagination to find a way to maintain a significant Catholic presence in healthcare. Catholic healthcare leaders across the nation are acquiring, consolidating, and merging hospitals; forming alliances and networks of integrated services; and bringing together Catholic healthcare systems on a regional and local basis.

The next few years are critical for Catholic sponsors of healthcare services. The unique challenge is to pursue the development of a Catholic network that would include a wide range of health, mental health, home care, long-term care, social, and housing services. The key ingredient to making networks happen will be leadership, and I think CHA and sponsors rightly emphasize the need for continuing leadership formation and development of trustees and executives in Catholic healthcare.

A united effort by Catholic healthcare providers could have a penetrating influence on the overall development of healthcare in this nation. Now is the time to exercise imaginative leadership; to reach out to the existing Catholic and community-based providers of health and human services; and to create networks that can provide a continuum of accessible, high-quality, values-based, and cost-efficient services.

committed to promoting the common good, to reconciling the haves and have-nots. Rev. J. Bryan Hehir says we have a unique opportunity as Catholics in the United States to unite Catholics who are at the center of society and on the margin—an opportunity realizable, however, only through bold and courageous leadership. (See Fr. Hehir's article "Identity and Institutions," *Health Progress*, November-December 1995, pp. 17-23.)

We accept that we are stewards of resources, which are meant for the good of all. Stewardship requires wise management and prudent use of the resources at our disposal. Catholic healthcare providers are not bankers trying to build capital but evangelizers who use the mammon of iniquity to build the Kingdom of God (Lk 16:9).

Americans have inherited a significant Catholic presence in healthcare. The doomsayers report that the religious congregations are losing control, spending their time navel gazing, trying to identify or re-create their mission. It is true that we have spent considerable time and energy in the past two decades reviewing mission and identity. It was time well spent, however, preparing us to enter the perilous waters of today's healthcare marketplace. Tremendous energy is now devoted to sustaining the Catholic presence in healthcare. Catholic healthcare leaders across the nation are acquiring, consolidating, and merging hospitals; forming alliances and networks of integrated services; and bringing together Catholic healthcare systems on a regional and local basis.

Catholic healthcare providers subscribe to the principle of subsidiarity, that society should be ordered from the bottom up. The social order functions best when we enable the individual, family, church, school, and neighborhood organizations and associations to respond to local needs and to solve local problems. Whatever the superstructure of the healthcare system, services are most effective when people are empowered at the community level. It is at the community level that we can assess needs and plan appropriate action. It is there that we can involve people, enable them to learn about their own and the community's health status, and thus influence behavior. We know that the most efficient way to improve overall health is to change behavior. We undoubtedly need to be more creative in educating and motivating people to take greater responsibility for their own health. Catholic healthcare has to be more imaginative in joining with other Church-sponsored organizations (such as Catholic Charities, schools, and parishes) and with other neighborhood organizations to promote wellness and to prevent illness.

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In an article in *America*, Rev. Richard A. McCormick, SJ, identified real concerns about the forces shaping healthcare—the market, depersonalization, secularization, technology, "deprofessionalization," the individualistic ethic of our culture, and the denial of mortality. He was not optimistic about Catholic healthcare leaders' ability to sustain a vital Catholic healthcare presence in the twenty-first century. Although we do have major obstacles to overcome, I believe the leaders of many of our Catholic healthcare systems have the strength to maintain a penetrating presence in U.S. healthcare.

It is true that Catholic institutional healthcare is likely to shrink: Acute care in general will shrink, in some instances, unfortunately, because of a lack of initiative and timely decision making on the part of some sponsors. At a meeting last year of the National Coalition on Catholic Health Care Ministry, however, I was stunned by the willingness of major systems to think about pooling capital resources to sustain Catholic presence according to a national vision and strategic plan. One sister boasted, "If we could get our act together, we could match Columbia/HCA's capital four times over."

This "if" has always been the criticism of Catholic healthcare, a potential left untapped. I have been impressed, however, by recent initiatives to sustain Catholic presence by the creation of regional networks of major Catholic systems. I, along with many, have also been dismayed by those who think it is possible to link the for-profit culture with the not-for-profit Catholic culture.

The challenge before us is to maintain a penetrating Catholic presence in U.S. healthcare. I believe it is doable and necessary for the nation. We are a values-based system of healthcare with much to offer:

- A distinguished track record
- A moral tradition and methodology that can deal with the ever-increasing complexity of ethical issues
- A code of religious and ethical directives that guide and preserve our Catholic identity
- Religious sponsors who have identified the critical importance of leadership and, along with CHA, have taken the steps to form the Center for Leadership Excellence, which will train and develop future lay leaders

Fidelity to mission will be the factor that sus-

tains the unique Catholic presence. I think we can interpret the evangelical counsels in an imaginative way in healthcare:

- Poverty, the freedom to move ahead without the baggage of unneeded acute care institutions
- Chastity, the preservation of fidelity to mission without compromise of identity or integrity
- Obedience, the ability to do what is needed in the community to preserve and maintain the health of individuals and the community itself

Meeting the Challenges

In the changing healthcare environment in the United States, I believe Catholic presence is essential not only to the Church's mission but also to the purpose and meaning of life. We are witnessing a paradigm shift in healthcare from reactive to preventive, from fee for service to capitation, from community service to product delivery. More important, we are experiencing a shift to value life as gift rather than life as fact, life as transcendent rather than life as finite, life as something of inestimable value rather than as something with a price tag. The Church stands as a safeguard and protector of the dignity of the human person. Our history as provider of healthcare services in the United States has given Catholic healthcare providers a credibility because of our competence and compassion. It has earned us a seat at the table where healthcare policy is debated.

The next few years are critical for Catholic sponsors of healthcare services. We face pressures both in the marketplace and from within the Church. I believe the bishops want to be helpful and support our efforts, but they want to hold us to the test of Catholic identity and integrity. The external forces are not so amiable. Columbia/HCA is a self-declared enemy. Richard C. Scott, its chief executive officer, is going after the not-for-profits (i.e., those providers which do not pay taxes): the academic, religious, and public hospitals. In every locality competitive forces are seeking to capture "covered lives." I do not believe our *Ethical and Religious Directives* dampen our capacity to compete, but I do believe they provide a standard that protects our mission and enhances our credibility as a values-based provider of healthcare services.

The unique challenge to a Catholic healthcare provider is, first, to pursue the development of a Catholic network that would include a wide range of health, mental health, home care, long-term care, social, and housing services. Since healthcare networks are likely to be local and perhaps regional, each local or regional situation will present specific opportunities or obstacles. I believe national strategic plans with the necessary pooling of resources would ensure a penetrating Catholic presence in U.S. healthcare. The key ingredient to making networks happen will be leadership, and I think CHA and sponsors rightly emphasize the need for continuing leadership formation and development of trustees and executives in Catholic healthcare.

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Nevertheless, I am concerned about our capacity to make timely decisions (before it is too late) because of our own corporate structures, archdiocesan and diocesan involvement, historical memories, institutional rivalries, and turf considerations. It is essential for us to recognize that a house divided cannot stand and that our real foes are external. A united effort by Catholic healthcare providers could have a penetrating influence on the overall development of healthcare in this nation. Now is the time to exercise imaginative leadership; to reach out to the existing Catholic and community-based providers of health and human services; and to create networks that can provide a continuum of accessible, high-quality, values-based, and cost-efficient services. We need to be active rather than reactive, hopeful rather than fearful, aggressive rather than defensive. The future of the Catholic healthcare ministry is largely in our hands. The faith and daring of the pioneers of Catholic healthcare in the United States—so beautifully captured by Christopher J. Kauffman in *Ministry and Meaning* (Crossroad Publishing, New York City, 1995)—should inspire and challenge us to rise to the occasion.

Our goal as Catholic healthcare providers is not institutional preservation. Mission shapes the way we look at community. We perceive ourselves as more than menders of broken bodies. We seek to build relationships between healers and the sick, between rich and poor, between educated and uneducated, between black and white, between men and women. The very services we offer are vehicles to make us more aware of each other, more accountable to each other, and more responsible for each other. We probe beyond the case, the individual, to discover the causes of illness, the forces that divide and oppress. We seek justice, right relationships between individuals and society. We want to foster healthy conditions that enhance positive interaction, that build a sense of belonging, of having

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The search may be its own reward.

with evidence of dysfunctional and coercive institutions—from the family, to capitalism, to organized religion. We shall either take an institutional stance ourselves or yield the territory. And we need not only to take an institutional stance, but to review and revise that stance constantly, so that sponsorship evokes responsible participation—and makes such participation fulfilling as well as demanding.

The Struggle May Be the Goal

Henry Van Dyke's *The Story of the Other Wise Man* features a fellow named Artaban, who never caught up with the three Magi who were traveling to Bethlehem. Instead, he spends 33 years searching, meanwhile using his wealth to care for the sick and needy. Even the jewel he had meant to give the King of the Jews, even that goes to help poor people. As Artaban dies, he envisions Jesus, with welcoming arms, saying, "You fed me when I was hungry." "Not so, my Lord," Artaban replies. "For when saw I thee hungry and fed thee? Or thirsty and gave thee drink? . . . Three and thirty years have I looked for thee; but I have never seen thy face, nor ministered to thee, my King."

John Shea, in a commentary on the story, suggests that this is a theme instructive for all searchers (*Starlight*, Crossroads Publishing, New York City, 1992, p. 138). The search may be its own reward. The struggle may be the goal. The task may be, not to gauge the distance we still have to travel, but to be attentive to what is happening on our journey. □

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an opportunity to participate and to contribute. In light of the recent changes proposed in Washington, DC, and state capitals, we are challenged to offer people a stake in society, to welcome rather than exclude, to accept rather than fear, to share rather than withdraw.

We cannot build a healthy system of care in an unhealthy society. The anger, the fear, the violence, the meanness, and the pitting of class against class, society against government, and citizen against immigrant are evidence of an unhealthy environment. The deterioration of the family—society's most basic unit—should sound an alarm that wakens us to the social and economic forces that are destroying the fabric of community in the United States. The task of reforming healthcare requires a vision that takes into account the sickness that pervades our culture, its radical individualism, its myopic self-interest, its social injustices.

In Sr. Mary Concilia Moran, RSM, we have the paradigm of the leader of the future. As Sr. Angela Mary Doyle, RSM, of Brisbane, Australia, commented in 1990, Sr. Concilia "had the skill in connecting—organizations, people, ideas; the seriousness of purpose and humor, reality and hope, resources and needs. . . . She had insight and a unique ability to translate very realistic and pragmatic solutions in light of the Gospel message and her own deep faith. She was the embodiment of warmth, hospitality, gentleness and strength. She challenged us all by her belief that we would achieve all that was good by God's support and guidance."

In 1985 Sr. Concilia posed this question as a challenge: "Will the depth of our mercy and compassion so influence others that they will keep alive our mission beyond their time and place into tomorrow and tomorrow and tomorrow?" □

WITHOUT SISTERS

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"Outreach is taking us back to our roots."

But the market pressure toward consolidation will grow even stronger in the future, he said:

> There are still a lot of two-hospital towns where both hospitals are doing pretty well. Then one day the leaders of one hospital learn that—*whoops!*—the other has joined a management network. That's when inquiries about new sponsorship or cosponsorship start coming in to us.

Despite the earthquake-like changes of the nineties, Harkness is optimistic about Catholic healthcare. "Outreach—helping hospitals stay Catholic—is taking us back to our roots," he said.

As for the diminishing number of women religious—the "models" of the Catholic health ministry—they are being replaced by laypersons, both Catholic and non-Catholic, who are not lacking in spiritual motivation, Harkness said. "Bon Secours and other Catholic systems get a lot of job applications from people who don't want to sell things, not even healthcare. They don't want to work for for-profits.

"When I was first hired, in 1984, a sister told me, 'You'll know you've done your job well if one day there are no longer Bon Secours sisters but there is still a Bon Secours Health System,' Harkness continued. "There is no danger of us running out of religious people to run our hospitals. We've simply got to take the time to find them." —*Gordon Burnside*