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CATHOLIC HEALTHCARE WITHOUT SISTERS

Bon Secours Health System's Jim Harkness Is Optimistic About the Future

"Of course models always help," Jim Harkness pointed out in a recent interview. By "models" he meant those women religious whose very physical presence has, over the centuries, helped ensure that the raison d'être of a Catholic hospital is spiritual rather than, say, economic. But that presence is dwindling. Who or what will ensure such spirituality when the sisters are gone?

As director of mission development, Bon Secours Health System, Inc. (BSHS), Marriottsville, MD, Harkness is professionally involved in trying to answer that question. "It will be tough without the sisters, but lay people can do a great job of running a hospital," he said. "Of course you have to *work* at being good."

"Sisters, Crucifixes, and Prayers"

Harkness believes the future of the Catholic healthcare ministry will be determined by the strength of its sense of mission. "Now, what is 'mission'?" he asked rhetorically. "Some people think it's sisters, crucifixes, and saying prayers before meetings. They think it's 'stuff' over and above the real work.

"I don't agree. Mission *is* the real work. It's starting intravenous fluids correctly; it's keeping hospitals clean."

Harkness, a former Franciscan priest, joined Bon Secours as its director of education in 1984, when the health system was just getting off the ground. At that time the Congregation of Bon Secours (CBS) sponsored four acute care hospitals, two rehabilitation hospitals, and a nursing home—each of which had been an independent institution shortly before. The idea of healthcare "systems" was relatively new then. Part of Harkness's job involved traveling among these facilities to communicate the BSHS mission to the new system's employees and to assure them that the sisters' mission would be carried on.

"We explained that mission and ministry were the responsibility of everyone who worked for the system," he said. "We stressed that mission is what we do, as well as why we do it and how we do it."

Harkness helped to organize retreats for local leaders and to set up a systemwide program to honor outstanding employees. He worked with a group of CBS sisters and BSHS officers to identify the system's core values and develop programs that would teach and implement them. He later helped promote continuous quality improvement as BSHS's management philosophy.

"In my 11 years with Bon Secours I've talked with thousands of employees, including top leaders and housekeepers," he said. "A lot of it is simply teaching people self-respect. The more attention employees pay to quality of care—which includes serving good food and keeping the hospital clean—the more they'll respect themselves. And vice versa."

"A Deep Belief System"

But this emphasis on quality in the practical aspects of healthcare does not mean that BSHS has abandoned the religious sense of mission, said Harkness. "Most of our employees aren't Catholic. And it's been a long time since a Bon Secours facility had a sister as its chief executive officer, although there are still some sisters serving as BSHS vice presidents and as presidents of local boards.


Harkness

"But our leadership, though now mostly lay, remains dedicated to the sisters' legacy. If you're going to work with us,

you've got to understand that religious motivation is a key BSHS operating principle. We're into this because of a deep belief system—the sisters' and our own."

As members of a Catholic ministry, BSHS leaders see their role as healing, not proselytizing, Harkness said. "But we hold ourselves to a very high Gospel standard, to treat all people with respect, to deliver the best help we can in caring for the whole person, and to serve those most in need, despite their inability to pay."

Catholic healthcare is traditionally built around the idea of spiritual, holistic care, said Harkness. "Bon Secours offers service to the community based on religious values." He said that BSHS leaders applauded the speech in which Card. Joseph Bernardin defended not-for-profit healthcare ("Making the Case for Not-for-Profit Healthcare," 1995). "Bon Secours folks are staunch believers in the notion that healthcare is not a commodity."

Harkness said he is heartened by the fact that, in the 1990s, Catholic healthcare facilities are making strong efforts to identify with and serve their local communities. Catholic hospitals, which originally were integral parts of their cities and neighborhoods, later seemed to draw into themselves, he said. "But now, even though we have fewer sisters, we are once again seeing ourselves as part of the community, rather than as separate institutions. We are learning to listen better and to reach out to meet community needs."

BSHS and Outreach

BSHS, which was at first primarily a handful of institutions in Maryland and Michigan, began in the late 1980s to acquire hospitals and nursing care centers in Virginia, South Carolina, and Florida. The decision to expand into the Southeast came only after much discussion by the system's leaders. "I remember one top officer pointing out that there were few Catholics in that region," said Harkness. "'We don't take care of Catholics—we take care of sick people,' a sister replied."

Today BSHS comprises 10 acute care hospitals, one psychiatric hospital, and six long-term care facilities. One of the most recent acquisitions is Bon Secours–Richmond Community Hospital in Richmond, VA. "Bon Secours–Richmond is in an African-American neighborhood, and most of the hospital's personnel are, I would guess, Baptists," said Harkness. "But they're happy to be part of Bon Secours precisely because we are a *religious* system with clear values. In fact, a chapel is being set up in the hospital now, and the staff is delighted to have a place where everyone can go to pray."

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In January 1995 Harkness was named the system's director of mission development. He works with John Shea, BSHS's vice president for business development, and Sr. Anne Lutz, CBS, vice president of mission, in what the system calls its "outreach" to other healthcare providers.

Outreach has two aspects, said Harkness:

- BSHS is working to strengthen its existing markets, especially in the Southeast, through new acquisitions. Harkness said he spends a good deal of time meeting with healthcare leaders of both Catholic and non-Catholic facilities. "In the past two years, we've brought into our system three institutions that were formerly community hospitals," he said.
- BSHS is also working to strengthen Catholic healthcare in general. "We're not just looking to acquire places," Harkness said. "We're trying to be a leader in Catholic healthcare." This leadership can take different forms. BSHS is frequently contacted by leaders of Catholic facilities or systems who are concerned about their institution's future. "We always explore a possible relationship with BSHS," said Harkness. "If that's not in their best interest, or in ours, we'll put them in touch with our management people, who will give them the very best advice they have to give."

Maintaining Catholic Identity

Harkness outlined a hypothetical case:

> Let's say a Catholic hospital in Illinois calls us wanting to discuss some sort of sponsorship or cosponsorship arrangement. Sr. Lutz, Shea, and I would probably arrange a visit. We'd go out and talk to the hospital's sponsors and leaders. Chances are we'd tell them, "Well, you're pretty far outside our territory. Why don't you think about linking up with one of the Franciscan systems, which are strong in central Illinois, or with another system closer to home?"

There remain many leaders of independent Catholic facilities who are not yet quite ready to consider affiliation with larger entities, whether it is BSHS or another system, Harkness said. "They know something has to be done. But it's a big decision. They started their facility maybe 100 years ago. They've got a lot of history and a lot of lives tied up in this enterprise. It's like saying, 'Let's give up the baby.'"

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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?" □

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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*