

Continuing the Mission

How Do Health Care Leaders Keep Catholic Identity Alive in Today's World?

In the first century, Christians faced many challenges due to changes in the communities themselves and in their relationship with the wider culture. Some of the ways in which they met these changes offer points of reflection for Catholic health care today, as it, too, faces significant challenges.

The perspectives offered here are those of a theologian, who is an outsider to the health care community. However, various conversations about the challenges and efforts in health care influence this commentary, seeking to discover in the tradition of the community of disciples insights for those charged with the mission of leadership in health care in our time and place.

THE EARLY CHURCH

In the earliest decades of the Christian community, the good news Jesus proclaimed was shared by the first disciples with many people from the surrounding cities and villages. The style of life to which Jesus invited his first disciples informed the life of the community which had formed around him as their rabbi and friend. Gradually, the first disciples drew these new followers into their communal life. It was the joyful proclamation of the good news and the vibrancy of the communities of Christians attracted many to join. The church was born, though in the early days, there was not yet a consciousness of a wholly new community. This is evidenced by details found in the Scriptures, for example that Peter and John continued to go to the temple to pray (Acts 3:1) and that there was a serious controversy about whether baptized pagans needed to be circumcised and become members of the Jewish community (Acts 15:1-35). One could say the primary carrier of the emerging Christian identity was the lived life of the community in mission. The story of Jesus was told, the style of life he called

men and women to be lived, and the proclamation of the good news was continued.

Gradually, as the first disciples died, the communities were faced with a new challenge: how to faithfully continue the lived life of the community in mission. The writing of the Gospels was one of the ways in which this challenge was met. Scripture scholars today date the earliest of them, Mark's Gospel, to about 65 A.D., those of Matthew and Luke (and his Acts of the Apostles as well) to about 70, and John to about 90. A primary concern of the writers, especially of Luke, was to provide a sense of continuity, connecting the present day communities of disciples to those who had walked with Jesus, those who themselves had listened to his words and observed his style of life.

Because of this emphasis on continuity, scholars today say the gospel writers placed emphasis on the role of the 12 Apostles and stressed that they had been called by Jesus. But in doing this, they sometimes de-emphasized the role of others in the early community, leaving only glimpses of their roles. A telling example of this is the account of the anointing at Bethany. We read in Mark that a woman came in and poured an expensive jar of costly ointment on the head of Jesus. Some in the assembly objected to the waste of something so expensive, which could have been used for the poor. Jesus responded that she had anointed him before his burial, and added "I tell you solemnly, wherever throughout all the world the good news is proclaimed, what she has done will be told also, in remembrance of her" (Mark 14:9). And yet Mark did not record her name! Similarly, the unnamed Samaritan woman, given no ministerial title in Scripture, is recognized today as a significant evangelist "The woman left her water jar and went into town and said to the people... Many Samaritans of that town began to believe in him because of the word of the woman..." (John 4:28, 39).

Another aspect of the creation of the Gospel accounts is instructive for our purposes. Different



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communities told somewhat different stories. For example, Matthew, writing to a Jewish community, emphasized themes from the Hebrew Scriptures, and roles in this community derived from Jewish precedents, such as the scribes. Furthermore, as the new generation of Christians told the story of Jesus, they told it in light of their reality, adding details of the circumstances of their community life in the original story. One example is the telling of the parable of the sower by Matthew. The story is familiar; the sower's seeds fell on the edge of the path, on patches of rock, among thorns, on rich soil. Some seed is eaten by birds, some scorched by the sun, some choked, but some "produced fruit, a hundred or sixty or thirtyfold" (Matthew 13:8). Later in Matthew, the parable is explained, with an application of each of the places the seed fell to the ways diverse people received the word of the kingdom, concluding that "the seed sown on rich soil is the one who hears the word and understands it, who indeed bears fruit and yields a hundred or sixty or thirtyfold." (Matthew 13:23)

In recent years, there has been a major expansion of health care, with significant numbers of people needed to provide the diversity of care we are capable of today, and a diminishment of the numbers of vowed religious engaged in health care ministry. This gives rise to a question: how to faithfully continue the lived life of the community in mission in each health care setting, and in the total field of Catholic health care. The story of the first generations of Christians suggests some answers to this question.

Scholars believe that Jesus' telling of the parable was limited to the first part, without explanation, because Jesus did not explain his parables, and because the image of a rich harvest, "a hundredfold," is a classic Old Testament symbol of the coming of the kingdom. This is the harvest which God's action will bring, when the reign of God, the kingdom, is established. The explanation is the reflection of the community, decades later, as they heard in the original story their own story of the circumstances of their day, when some were falling away from the community and

they were trying to understand how this could be. This process of seeing oneself and one's community and time within the story is a classic way of reading the Scriptures.

CATHOLIC HEALTH CARE

Healing of individuals, in body and spirit, was clearly a central aspect of the ministry of Jesus. From the earliest days of the church, this ministry has been a part of the work of the Christian community. In recent U.S. history, the continuation of this ministry has led to the establishment of modern hospitals, other health care facilities, and, gradually, health care systems. This latest embodiment of the healing ministry in our time and place can be traced historically to individuals and communities, the founders of modern Catholic health care. These women and men were the carriers of Catholic Christian identity, expressed through the lived life of the community in mission. As with the earliest disciples of Jesus, even in the early days of the beginning of today's hospitals, others were drawn to join them, drawn by the importance of the work of healing, drawn by the vibrancy of the communities of service.

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As with the early church, the telling of the story for the new generation is of vital importance. Of course, the story involves both the individual communities and the entire domain of Catholic health care, but it is the local, personal story which can most capture the minds and hearts of listeners. This telling will necessarily emphasize key leaders, usually the women and men vowed religious who were central to the founding of various institutions. But the story must also include the many others who contributed to the ministry through the years — from maintenance personnel to doctors, board members to nurses, donors to administrators. The story of these many lay colleagues and helpers is important both because this is the wider truth, and because it better allows lay colleagues and

helpers today to find themselves in the story. One of the concerns in health care on the part of both vowed religious and lay people is whether laity can continue the mission. Knowing their role in the mission from the beginning may help allay such fears. Retrieving the fuller story may take some research, and some creative reading of the history of the institutions, even as has been true in the reading of the accounts in Scripture.

Second, the telling of the story must include interpretation and application, so that the hearers actively place themselves in the reality now. By viewing the story not only in its past incarnation, but also in its present embodiment, hearers can search for the threads that represent continuity, and those which are new today, in light of the present realities of the community in its time and place. This kind of a telling of the story requires active engagement of all involved in this process of handing on the tradition, this process of continuing the mission. The first movement in the telling of the story is the work of those involved for a significant period of time in the institution's life. The second movement involves all those now involved, including the newest members. Such exercises in story telling have engaged the minds and hearts of many groups, from parishes to diverse kinds of organizations. Such a search for meaning — a personal and a communal exercise — gives energy, clarifies purpose, and strengthens courage and resolve for the continuation of the mission.

NEW THEMES AND QUESTIONS

The present moment in health care ministry includes areas which call for new embodiments of the vision and mission of Jesus. There are many efforts underway to meet the new challenges, through the Catholic Health Association and its member institutions. In all of these, the engagement of the original story and vision and of these emerging themes will be an important part of the faithful continuation of the mission, calling for much creativity in our age and place.

One challenge of our times comes from a new characteristic of today's health care institutions: the leaders and the providers of care and service represent a great diversity of religious traditions — and persons of no religious tradition. The question of how to maintain Catholic identity is often asked. The story of Jesus, in whose name the healing ministry of the church began, is central to Catholic institutional ministries, but how can all of the partners in this ministry see themselves in

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the story? There is not a simple answer to this question. It is one of the evolving areas of reflection, and discussion among members of each institutional community will add to the wisdom needed to find an adequate answer. Part of this discussion can include a probing of the universalizing theme present, though as a minor note, in Scripture. Jesus proclaimed the coming reign of God, when all the peoples will be united in peace. His healing ministry was not confined to members of the Jewish community, as we know from stories such as that of the cure of the centurion's servant. Those invited to share in his ministry were not only Jews; for example, the Samaritan woman belonged to a community viewed by the Jews as heretical and schismatic.

Catholic health care already encompasses in its focus ministry to persons of all faiths, and none. The central mission, continuing the healing ministry of Jesus, can be viewed within the larger context of healing the divisions of the human family. This is done through the creation of communities of care in which the shared sense of mission brings a unity symbolic of the time when the fullness of God's plan will be fulfilled. Already now, Catholic health care is an embodiment in its mission of the universal message of God's love; the plumbing of this mystery is part of the telling of the story needed in our time.

Another characteristic of Catholic health care today is that the ministry is performed in and through ever larger institutions, with ever greater complexity of structures, and expanding numbers of people who perform diverse tasks. Ours is an age of institutions. Institutional life can expand potency, but it can also be de-personalizing, and can distance persons from a sense of participation in the mission. This societal reality represents a challenge, and an opportunity, for Catholic health care. As members of the diverse communities in each institution engage in conversations, telling their stories, efforts to focus the meaning of institutional life *per se* must be part of the dis-



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cussion. Perhaps the perspective of Walter Wink would be helpful. He holds that the principalities and powers mentioned in the New Testament represent the institutions, structures and systems of our social reality, and based on the Scriptural proclamation says, “the Powers are good, the Powers are fallen, the Powers will be redeemed.”¹ Or perhaps the vision of Regina Bechtle, who explores the collective spirit of institutional life,² would engage the imagination of those seeking to find deep meaning in their communities of service. As Catholic health care evolves a deeper sense of the spirituality of our institutions themselves, they will signal this as a message of hope and meaning in this “institutional age.”

A final theme to note as characteristic of our time is the increasing secularity of our age. In such a time, it seems providential that the leadership of Catholic institutional ministries is increasingly in the hands of lay men and women. Vatican II emphasized the role of the laity in the transformation of the secular domain, and stressed that “the temporal order is to be renewed in such a way that, while its own principles are fully respected, it is harmonized with the principles of the Christian life and adapted to the various conditions of times, places and peoples.”³ Lay men and women were charged to act as leaven in the world — leaven, not visible in its work, only in the result of its quiet leavening, lifting, transforming. Catholic institutional ministries are in a privileged place for this task, being very much *in* the world, very much part of “the joy and hope, the grief

and anguish of the men and women of our time, especially those who are poor or afflicted in any way.”⁴ These institutions are not peaceful monasteries nor quiet sanctuaries, but fully part of the secular world. For this reason, all that is done to transform them to be more fully signs of the promised reign of God gives hope to the larger society of which they are a part.

CONCLUSION

As in the first century of the Christian era, the 21st century of the Christian community is continuing the ministry Jesus began. It is in transition seeking to embody in their time and place new ways to live the mission. As in the first century, so in our own time, this process involves a looking back, but also calls for an engagement with the new realities of this time and place. Catholic health care continues in this tradition. ■

NOTES

1. Walter Wink; *Engaging the Powers: Discernment and Resistance in a World of Domination*, (Minneapolis: Augsburg Fortress Publishers, 1992), 65.
2. Regina Bechtle, SC, “Giving the Spirit a Home: Reflections on the Spirituality of Institutions,” in *Called and Chosen: Toward a Spirituality for Lay Leaders*, ed. Zeni Fox and Regina Bechtle (New York: Sheed & Ward, 2005).
3. *Decree on the Apostolate of Lay People*, article 7.
4. *Pastoral Constitution on the Church in the Modern World*, article 1.