

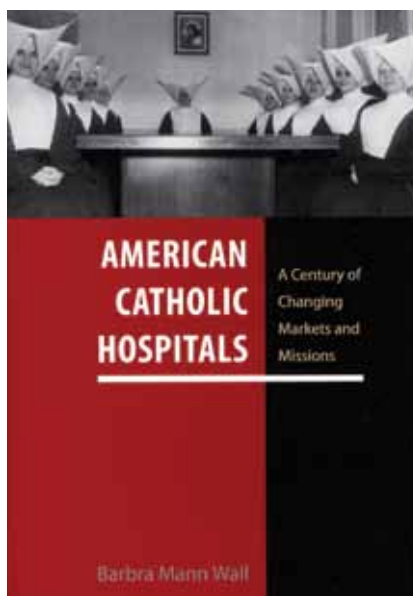
CATHOLIC HOSPITALS ADAPT, BALANCE MISSION AND MARGIN

REVIEWED BY SUZY FARREN

In 1985, when I had just been hired by the Catholic Health Association, there was considerable controversy over whether or not Catholic hospitals should advertise. One advertisement in particular evoked heated comments. The newspaper ad showed an old black-and-white photograph of a nun, with the text: “Mother Frances wants to have your baby.” The ad promoted maternity services at Mother Frances Hospital in Tyler, Texas. It was a harbinger that Catholic health care was adapting to an increasingly secular world.

In *American Catholic Hospitals: A Century of Changing Markets and Missions*, Barbra Mann Wall, Ph.D., RN, traces the ways Catholic hospitals have accommodated changes both within the church and in society over the last century. Wall is associate professor of nursing at the University of Pennsylvania School of Nursing in Philadelphia, and her book is well researched and a fascinating read. I found it particularly interesting because I like the topic — I’ve always been enthralled by the concept I used to hear nuns express: Catholic health care was in this world but not of it. The book would suggest that Catholic hospitals acclimated quite well, thank you, to the world they were in.

Because it gives such strong context, *American Catholic Hospitals* is ideal reading for formation programs



**AMERICAN CATHOLIC HOSPITALS:
A CENTURY OF CHANGING MARKETS
AND MISSIONS**

BY BARBRA MANN WALL
Rutgers University Press, 2011
260 pages, \$45.95

and for leaders new to Catholic health care. It provides a feel for the history of Catholic hospitals in the 20th century and places them in the broader American culture, exploring the events that have shaped Catholic health’s 21st century iteration.

Early in the 1900s, Catholic sisters who were hospital administrators

wielded considerably more power than most women in society, Wall observes. But today, only a few sisters remain in those positions. Wall demonstrates that a variety of changes — Vatican II, the civil rights movement, the enactment of Medicare and Medicaid and the growing market forces that have come to dominate health care — have forced Catholic hospitals to adapt. Yet adapt they have. While fewer and very different than they were a century ago, Catholic hospitals are still a significant presence in health care, and they still advocate for the poor and powerless.

In chapters with such telling titles as “From Sisters in Habits to Men in Suits,” and, “S Stands for ‘Sister,’ Not ‘Stupid,’” Wall uses examples of Catholic hospitals in four cities — Austin, Chicago, Pittsburgh and Seattle — to cover more than a century of change.

Her story culminates in the active involvement of CHA’s chief executive officer, Sr. Carol Keehan, DC, and the support of 61 religious orders across the nation in the 2010 passage of the Affordable Care Act. Years of working “in the trenches with women, children, and the poor” and often witnessing the “fatal results of denying or delaying care to those in dire needs” had made Catholic sisters familiar with “the tragic misfortunes that often resulted when the sick were left alone to care for themselves,” Wall observes.

As she examines the social history of the last century, Wall doesn’t blink when it comes to the treatment of African-Americans at Catholic hospitals. She points out that the institutions came late to race relations. While acknowledging there was some activism among Catholic sisters and brothers, most Catholic hospitals, religious or-

EXCERPT FROM AMERICAN CATHOLIC HOSPITALS

Catholic hospitals had to find new ways to operate in a changed, secularized society. ... Would the current trend in larger systems lead to a Catholic health care system that was too large and too corporate? Would systems stray too far from the congregation’s special ministry to the poor? What were the roles of sisters and brothers in health care and in the ongoing Catholic identity of their hospitals?

ders and nursing schools remained segregated until integration reached mainstream society, she writes. Nonetheless, she points out, hospital work was a way for the sisters to “bear witness” against social injustice, a term that came into the sisters’ lexicon in the 1960s.

In addition to encountering sisters in every department, “a visitor to a Catholic hospital in the early twentieth century saw fountains of holy water and paintings of the bishop, the Virgin Mary and saints,” Wall writes. Today, she says, Catholic identity is less the

physical trappings and more a product of the “pastoral care ministers and directors of mission effectiveness who are charged with carrying out the hospitals’ original missions.”

Health care has evolved in the public eye from a public good to a marketable commodity, notes Wall, quoting Sr. Sheila Lyne, a prominent Sister of Mercy who has held a variety of health care leadership positions over the last half-century. Catholic hospitals continue to adapt so they can balance mission and margin.

Wall concludes that the role of the

religious in Catholic hospitals today is perhaps less about authority than about influence. Although their numbers have declined dramatically within the hospitals they once ran, women religious still remain influential on hospital boards, and they continue to be a voice for the poor and vulnerable in our society.

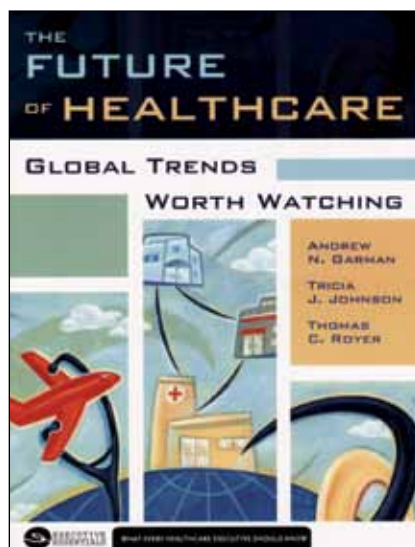
SUZY FARREN is vice president of corporate communications, SSM Health Care, St. Louis. She is the author of *A Call to Care: The Women Who Built Catholic Healthcare in America*.

WHAT'S AHEAD IN GLOBAL HEALTH CARE

REVIEWED BY SR. MARY JO MCGINLEY, RSM, M.S. ED, M.P.H.

Authors Garman, Johnson and Royer present a well organized study of a number of variables that will be operative in the global health care landscape in years to come, regardless of the role health reform plays in shaping health care in the United States. The book is short: 70 pages organized in eight succinct chapters, providing a quick overview for health care executives and board members. Many of the concepts are presented in both word and graphic form, helping to reinforce the outlines points.

The book begins with a look at information related to medical travel, a concept that is discussed in more detail in later pages. Recognizing that the abundance of information now disseminated via the Internet will increase exponentially, the authors caution us at the start about the need to demand transparent and accurate data and to remain vigilant in questioning sources and reliability of facts and fig-



THE FUTURE OF HEALTHCARE: GLOBAL TRENDS WORTH WATCHING

BY ANDREW N. GARMAN, TRICIA J. JOHNSON, THOMAS C. ROYER

Health Administration Press, 2011
80 pages; \$46

ures quoted there. The authors also provide a review of concepts relevant to forms of innovation that can and likely will help to shape health care’s future.

Planning and marketing executives, among others, will be wise to ponder the challenges and opportunities described throughout the book relative to the Internet — education that is transforming consumers into primary decision-makers about health care choices. Intended or not, the book’s focus on the power of the Internet, coupled with the notion of the growth of medical travel, points to a future in which many health care services will be accessed in that way — not only by leaving one’s country for treatment, but also by accessing services virtually.

Readers will benefit from learning about some of the successes of our global neighbors and becoming aware of the threats and opportunities shared across our world when it

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