

EXPLORATION OF THE SOUL IS EVER-PRESENT IN THE MINISTRY'S CHANGING SEASONS

Like many of you, the events of the recent season have left me feeling powerless. Angst over recent policies persists, as some legislators attempt to oppress health care coverage for those most in need. We find ourselves asking, "How might I be an effective agent for change?" The divisiveness feels hopeless, where societal fear of the "other" looms as acceptable. As we look for God's unity amid the animosity, we ask, "How am I to be a bringer of peace?" But beneath powerlessness and hopelessness, soul questions lie dormant until their proper time.



JILL FISK

There are fundamental questions one must attend to on the spiritual journey: Who am I? Who is God? What does God love? What is mine to do? For those who seek to live a spiritual life, the questions sprout whether we seek them or not. If we can look beyond life's turbulence and give the questions the attention they deserve, they can be catalysts for flourishing and move us deeper into who we are most called to be.

"Soul" is that which gives us life, that which sustains and nourishes us. Our soul is the totality of who we are — body, mind and spirit. It works in cooperation to help make sense of the world around us and activate us for the sake of our own healing and the world's flourishing.

In whatever Catholic health leadership role we have, we share a responsibility to tend to the institutional soul as much as we do our own. The flourishing of our ministry's mission, vision and values depends on it. One author even describes the soul as an "agent of the divine spark in the institution. The soul is the authentic and truest self of the institution; the source of its divine calling, character and destiny; the protector of institutional integrity."¹

For those of us called to be ambassadors of the healing ministry, making sense of God in our institutional work is crucial. It can help us endure the difficulties of leadership and allow us to be organi-

zational collaborators of human flourishing. Like our own souls, each return to these questions will bring us renewal, and along the way, shape and reshape the institutional soul: Who am I? Who is God? What does God love? What is mine to do?

What institutional wisdom might be gained in exploring these questions of soul? There are a few lessons that have arisen for me as I consider the institutional soul.

WHO AM I, AND WHO IS GOD?

Christian tradition understands God as sovereign, where relationships with the Creator, community and creation are primal (Exodus 20:2-17). All life must return to the source in and through God, as the societal and economic principles of the Hebrew scriptures instruct (Leviticus 19:9-10, 18; Deuteronomy 6:4-5). This is how the community was and is designed to operate. From the biblical perspective, life flows rightly in returning to love of God, love of neighbor and love of creation. Though the daily grind has a way of slowly and silently disconnecting us from who and whose we are, Torah's teaching, in the first five books of the Old Testament, continually redirects God's people to return to the basics: God, others and the land.

Returning is itself a holy posture, for it produces a humility that might not otherwise be achieved. Daily living has a way of keeping us in the space of returning, for we cannot will, manage or control it all. We cannot satisfy the hunger and thirst of our souls that come from our role

as co-laborers. The work is wearisome; fatigue is legitimate, and we are not machines.

Modernity places self-sufficiency on the path to self-actualization: If I can think it, I can do it; if I can do it, I can master it; and if I can master it, I can possess it. But in returning to who and whose we are, and what we ought to love, humility, not possession, is the treasure. This is not a narrative that makes news feeds or strategic plans, but it is a necessary framework for Christian leaders and organizations to maintain focus.

WHAT DOES GOD LOVE?

To know what God loves, one simply has to pay attention to where the good is happening. There's a holiness found in the childhood game of I Spy, where one player locates a secret object within the room and gives a clue to the other players, who are on the lookout to be the first to discover the secret object. Many Catholic health ministries practice a similar version in "sacred encounters"²² or through "sacred moments"²³ initiatives, where goodness, compassionate care and the Divine hide within the care setting. Focusing on these moments is healing for eyewitnesses. Telling others about it is healing for the community. But there's a special joy in being close enough to the action to behold it.

"If we're not in the community, meeting people right where they are, then there's no need for us [the ministry]."

— SR. FRAN DEMAREST, SC

Quarterly, I have the privilege of seeing the action on the ground with members, as my CHA colleague Dennis Gonzales, senior director of mission innovation and integration, and I round. We meet with leadership teams, hear from local mission and spiritual care leaders, and visit with co-workers in local facilities.

On a recent trip to St. Joseph's Health in Paterson, New Jersey, we met Sr. Fran Demarest, SC. In her 80s and officially retired as a system health care administrator and social worker, she is still working in the health system's community-based ministries. Her vision, energy and commitment to serve people right where they are is a wonder to witness.

Affectionately known as Sr. Fran, we barely

managed to keep up with her on the extensive walking tour of St. Joseph's University Medical Center. But at the intersection of the community ministries, she stopped us, right in front of the flagship hospital: "If we're not in the community, meeting people right where they are, then there's no need for us [the ministry]." Sr. Demarest is a holy difference-maker, a sacred moment wherever she goes.

Sr. Demarest's love for those most in need of care is fierce. Her ministry is good news, and it exemplifies what God loves. The message of the Gospel, literally meaning "good news," is that the kingdom Jesus proclaimed is accessible to all (John 14:6), belonging can be found (Mark 10:13-16) and souls can find rest (Matthew 11:28-30). Good news must be lived and proclaimed. For ministries whose aim is the Gospel, we must activate holy beholding and be unrelentless in our call to embody and proclaim community as access, belonging and rest. This is what God loves.

WHAT IS MINE TO DO?

Equally essential to leadership is the ability to discern what fundamental action the organization must take to fulfill its vision. What steadfastness must be channeled, and what principles must be maintained, even if the fruits of the end goal will

never be seen by the current leadership?

Lofty goals require ordinary faithfulness. A colleague recently reminded me of this truth in a moment of my own goal loftiness. In their gentle way, they suggested some timeless

words might release me from the burden of lug-
ging around spectacularism.⁴ The familiar words
of the prayer written for the memorial mass on the
anniversary of the martyrdom of St. Archbishop
Oscar Romero of San Salvador, El Salvador, were
the words my striving soul needed.⁵

"We plant seeds that one day will grow."

"We cannot do everything . . . It enables us to
do something and to do it very well. It may be
incomplete, but it is a beginning, a step along
the way, an opportunity for the Lord's grace to
enter and do the rest."

"We are the workers, not master builders . . ."

Most visions are achieved not by doing something amazing, but by just doing something. Faithful acts over a long period of time can yield extraordinary results.

Organizations that commit to tending to soul questions are more likely to flourish. Contemplative inquiry can blaze a trajectory of thriving, urging the divine spark to stay lit in the institution's soul. Returning to the most fundamental inquiries can sustain the abundance needed to bring Jesus' healing ministry to life for years to come.

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NOTES

1. Susan Beaumont, *How To Lead When You Don't Know Where You're Going: Leading in a Liminal Season* (Rowman & Littlefield Publishers, 2019), 9.

2. Dale Singer, "Catholic Health Invites Staff to Document Sacred Encounters," *Catholic Health World*, April 2, 2025, <https://www.chausa.org/news-and-publications/publications/catholic-health-world/archives/april/catholic-health-invites-staff-to-document-sacred-encounters>.

3. Jennifer Swenson, "Mercy Employees Talk the Importance of Compassionate Care," *Biz 417*, September 2022, <https://www.biz417.com/advice/culture/mercy-employees-importance-of-compassionate-care>.

4. The late spiritual writer Henri Nouwen, in his classic book *In the Name of Jesus: Reflections on Christian Leadership*, proposes three temptations every Christian leader faces: the power to be relevant, powerful and spectacular.

5. "In Memory of Bishop Oscar Romero (1917 – 1980)," Catholic Health Association of the United States, <https://www.chausa.org/docs/default-source/prayers/in-memory-of-bishop-oscar-romero.pdf>.

CATHOLIC HEALTH ASSOCIATION WEBINAR

IRS Form 990, Schedule H

An overview and update on current tax exemption issues

JOIN US ON FEB. 18

1 – 2:30 P.M. ET

CHAUSA.ORG/EVENTS



SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 2f.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 2.
b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes the financial assistance policy to its various hospital facilities during the tax year.
□ Applied uniformly to most hospital facilities
□ Generally tailored to individual hospital facilities
3 Answer the following based on the financial assistance eligibility criteria that applied to the organization's patients during the tax year.
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for free care? If "Yes," indicate which of the following was the FPG family income limit for eligible patients.
□ 100% □ 150% □ 200% □ Other _____%
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care.
□ 200% □ 250% □ 300% □ 350% □ 400% □ Other _____%
c If the organization used factors other than FPG in determining eligibility, describe the factors for determining eligibility for free or discounted care. Include in the description whether an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
4 Did the organization's financial assistance policy that applied to the largest number of patients provide for free or discounted care to the "medically indigent"?
5a Did the organization's financial assistance expenses exceed the budgeted amount?
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount due to limit 5b, as a result of budget considerations, was the organization unable to limit 5b, as a result of a patient who was eligible for free or discounted care?
c Did the organization provide a benefit report during the tax year?
d Did the organization provide a benefit report during the tax year?
e Did the organization provide a benefit report during the tax year?
f Did the organization provide a benefit report during the tax year?

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