



Part 2: Table Talk

Tomorrow's Leaders Tackle Hard Questions

EDITOR'S NOTE: In 2011, CHA initiated "Tomorrow's Leaders," a program to honor outstanding young leaders in Catholic health care and to encourage them to continue their careers in the ministry. At the 2011 Catholic Health Assembly in Atlanta, the charter class of eight honorees was recognized during the annual awards banquet. Led by Fr. J. Bryan Hehir, M.Div., Th.D., of Harvard University, they participated in a pre-Assembly forum, designed to be a formational experience for all participants.

This is the second of two parts of an edited transcript of the forum, recorded June 4 in Atlanta. The first part was published in the September-October 2011 issue of *Health Progress*. In this conclusion to the forum, participants offered personal reflections on their experiences and views of Catholic health care's future.

Fr. J. Bryan Hehir: We've got all these honorees around the table, and so I want to ask you what drew you to Catholic health care, what keeps you there and what might draw you or force you away? You can answer any one of the three, all three. Silence is impermissible.

Angela Haggard: I was kind of born into it. The Catholic hospital was the hospital in our community. So, I thought, well, I wonder what it would be like to work at a Catholic hospital? I

didn't even know what it really meant. I think, for me, it really is the alignment with my own values, the alignment with my own intentions and beliefs. That's why I stayed and have stayed in Catholic health care my whole career, actually. Why would I leave? I guess if Catholic health care in my particular community didn't move in the direction that I felt that it needed to move in. I mean, given all the things we talk about — embracing the opportunity, being nimble, taking all this into context — if we weren't able to move in that direction,



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then I would feel kind of trapped and have to find another system that would be willing to move in that direction.

Fahad Tahir: I entered health care not planning on or having any clinical background. And, really, the social side of it complemented my business training such that it felt like the right place for me, in terms of personal values connected to the work. What kept me there, absolutely, is the intellectual complexity of what we do, because it is an incredibly broken system in which we're trying to create structure and order. But I think to add relevance to the conversation, what would lure me out of health care is if I didn't feel Catholic health care made that impact now. So if we don't step up and define it for the country, and if we don't show that we can deliver it better — we've done a lot, we have a lot of examples of what we do — but in this kind of moving floor beneath us, if we don't help stabilize the country by showing a different delivery system that fixes some of the really fragmented systems ...

That's what I want to do. I want to contribute. So if we don't, as Catholic health care, do it, and someone else is more viable — I don't think that's the case — that might lure me away.

Imran Chaudhry: I'm an engineer by background, and I was working for General Electric, starting with aircraft engines. Every two years, we're moving into different GE businesses that are part of their program. And my next step was GE health care. I was at a conference, and I ran into our chief medical officer of our system. That was my first exposure to the complexity of health care. And they wanted to embark on a journey of [becoming] a continuous improvement culture: How can we develop that culture within our organization that embeds and is accepting that change is OK? You know, we've got to do things differently, we've got to make things more reliable — and we are the second-largest provider of health

care in Los Angeles County. So this is a great opportunity. You're in one of the top five largest cities in the nation. And, you can make a really big impact. So what gets me going and excited is that every day is a new challenge. Every day it's like, OK, we've got to look at supply chains and emergency departments and pharmacies and labs. And, you know, 90 percent is not good enough, and how do we continue to grow and evolve and be able to come up with different solutions? That's very rewarding and keeps me excited and motivated. What would make me leave, or think about that, is if that was to stop. If I would not see my mission and vision being aligned with that of the organization and we [were not serving] the need of the community.

Mollie Bresnahan: About 10 years ago, it was two Maryknoll Sisters I met when I was doing work with the State Department in Nicaragua and Honduras. I was working with them in creating clinics, and looking at social and economic development in cities that were affected by natural disaster and civil war. And they introduced to me the characteristic — of themselves and the people — of resiliency. And since then, I'm really interested in looking at the whole topic of resiliency in the face of social and economic inequities. I think that is, for years, what the Catholic Church and the mission-based services that Sisters of Providence Health System has done. And I think that's why I fit so well with it, in that I really support and feel that I'm part of that mission. That's the reason I was drawn there, and that's the reason I stay there. And I'll echo what everyone else is saying — if that mission were to change, I would choose to leave. That, or just the fact that — you know, budgets and cuts and layoffs. [Laughter]

Stephanie Manson: Being in Catholic health care is, was, very natural to me, having grown up in the Deep South, in very Catholic communities, [with a] grandmother that went to daily Mass.



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And so it's been part of my being for so long. Some of those fundamental grounding pieces that have been with you and make you who you are ... I can check out these hotshot name organizations and that sort of thing [but] I think the very thing that made me feel so comfortable, when going back to Our Lady of the Lake and making a choice there, was the peace of feeling, "This is exactly where I'm meant to be." And this is where I'm comfortable. Actually, I did leave and go and do physician practice management for a few years. Although the building was just adjacent, and the doctors were very integrated, I missed the camaraderie and the spirit of the institution, I guess, and the individuals within it. And, you know, I think continuously, even on those most difficult days, when there's a crucifix in my office, it reminds me again and again, "You're exactly where you need to be," and you just work through whatever it is. It's really a privilege to get to do the good work in a place that you can personally connect with. Certainly it

would be my preference to stay in Catholic health care because of those reasons. I do think all the challenges we talk about are also very motivational because you see the opportunity. I thrive on it in a lot of ways. And so as long as that challenge and that alignment is there, I don't know why I would leave. But there is opportunity that knocks, at times, and I always think we have to listen. And if that ends up being the right opportunity or choice at that point, I would still go back to that grounding of, "It's exactly where I'm meant to be."

Mark Repenshek: [It is] what I was formed in, raised in. I had to do something with this tradition, and the intersection of people in need from a health care standpoint, and the analytical aspect — that's what makes this job really exciting. What would make me leave? I don't really have any good ideas, but I think part of what our role is in ethics is you're constantly pushing back on the very people that you're employed by, which is somewhat dangerous at times. And so if the organiza-

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From left, Fr. J. Bryan Hehir and Fahad Tahir.

tion shifts in a way that may not actually be in alignment with what at least we were taught is the vision for Catholic health care, and I'm compelled to push back. I guess if I push too hard — that's a balance and a tension that's difficult to sort out. And maybe that's just, you know, youth — I don't know how to sort out the tension yet.

John Paul Slosar: What drew me to Catholic health care is just the opportunity to provide, to align and integrate my intellectual interests with my spiritual identity, as well as my practical desire to do tangible good in the world. And I think, actually, that last piece is pretty much what keeps me there. It is the opportunity to do good in a way that I couldn't on my own. My wife likes to remind me, "Honey, don't forget you're not the kind of doctor that actually helps anyone." [Laughter] And as an individual, that's true. But as part of a larger organization, and as part of the ministry and the mission, I can help people. So, that's what keeps me there. And like Mark, I don't see why I would ever leave. They'd pretty much have to kick me out, kicking and screaming. Because as a Catholic ethicist, I'm not sure I have any skills that can be used anywhere else. [Laughter]

Sr. Melissa Camardo: My choice of ministry is heavily influenced by my life in community. So I came to Catholic health care through invitation and have grown in a very deep appreciation for what the healing ministry really is about. I think the only thing that would cause me to leave is what Stephanie was alluding to — that tension

with personal call. Administration as ministry has many gifts, and many blessings, but also a lot of challenges. And as a Sister of Charity, I feel very called to follow St. Vincent de Paul and care for the poor and those living in poverty, and to not be doing that, hands-on, is the greatest tension for me right now as an administrator.

Fr. Hehir: All of you talk about a kind of inner dimension corresponding to the external dimension that is Catholic health care. So all, basically what all of you said [is that] what would move you to leave would be if Catholic health care disappointed you. The reason I raised the question is [so that members of the Catholic Health Association might learn], "What is it that we might do to lose our best folks?" You know, what kinds of things. Someone could have said, "They don't pay me enough." Somebody could have said, "They don't give me enough medals each year." You could have said a lot of things. But what you said was, basically, that the only thing that could get you to leave would be if what originally called you ended up to be a disappointment rather than a continuing challenge and invitation. Which I think is pretty a significant kind of thing to record for the sake of the [Catholic Health] Association, for the sake of your own system and for the sake of the life of Catholic health care and Catholic health care in the church.

So, since I brought up the church, of which Catholic health care is a part, let's go down that road a little bit further.

In different ways, you've all talked about identity as crucial values: What are we, do we know what we are, are we in confusion, or are we in consensus? And therefore, what I wanted to raise is this: If you look at health care, health care is one of several institutions that are part of a wider community institution that is the [Catholic] Church. OK, so if you look at Vatican II's document that defines church, it begins [by noting] the church is a mystery, meaning that it comes from God. Secondly, it says the church is a community. Thirdly, basically, it says the church is an institution. So the church is both the community and an institution, and within that overarching community and institution, this institutional aspect of Catholicism has created sub-institutions. And in the American Catholic community, we have taken that institution-creating dynamic, some may argue, to its logical extreme, OK? So we end up with the health care system, the social service system and the educational system running from kindergar-

ten through university. Do you think it's harder to define identity in the health care system, than it is in social service and education? Is [administering health care different from] trying to run Notre Dame, or St. Mary of the Hills or Catholic Charities in North Dakota?

Slosar: It probably isn't a helpful insight, but I'll say it anyway. I think there's an element that's distinctive in the health care setting that's different from the other two settings that make it more of a challenge, which is — and perhaps I'm projecting here — maybe a discomfort or an uncertainty around the part of the bishop, around how he is supposed to relate to the ministries within his diocese for which he does have some shared responsibility. I don't think that role is as clearly outlined or understood as it is with regard to education and other social services.

Fr. Hehir: Do you think he's clearer about how he should relate to, say, Georgetown [University]?

Slosar: Maybe I'm thinking of parish schools, not necessarily higher education.

Fr. Hehir: But higher education is the test case, because the other is as complicated as health care is. So how do you stand on the Georgetown, Notre Dame, Boston College, St. Louis U. spectrum, and how do you stand vis-à-vis Catholic Charities [regarding] how the bishop relates to that?

Sr. Doris Gottemoeller: I'd like to respond to that. But first, a challenge to the premise that the Catholic Church is institutional by nature and instinct, by comparing the United States to other countries. I think you could say that this instinct and this fundamental nature is realized in the United States to an extent without parallel anywhere else in the world. And I think it's because we had an opportunity to create a new nation. And at that point, the immigrants were richly served by religious communities. And they came and created thousands of institutions. But that's without parallel. In Australia, New Zealand, Ireland, England, Europe, Asia ... there's no other country that has the number and prominent position of institutions that the United States has. So there's something that's American about it, as well as Catholic.

Fr. Hehir: I think that's true. Although, if you look at the history of Europe — schools, hospi-

tals, social service — from the monasteries up through the 20th century, then it changes, I think, in Europe. But, that's a minor point.

Sr. Gottemoeller: That would be a great investigation comparing education and health care. I think in health care, a number of people remarked that we have reduced all of theology to ethics. And we're concerned chiefly in health care, the bishops are concerned, with ethical issues, not the broader theological issues. In education, I don't see that exactly the same way. There, the tension is with freedom of inquiry, and what is the role of higher education to foster freedom of inquiry. That's not exactly our thing in health care. So I don't know that one is any easier than the other, or gives the bishop more headaches. It just depends in part on what's located in a diocese. If Notre Dame is located in your diocese, it gets your attention.

Fr. Hehir: Aha! So, inherently, you don't think that Catholic health faces any larger challenge in keeping, maintaining, understanding identity than the five major Catholic universities? ... I don't want to put it all on the bishops. In other words, the bishops are a crucial, essential dimension of the church, but part of my question is, who gets to define the identity, and what kind of challenge is

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JOHN PAUL SLOSAR, Ph.D.

attached to the definition of identity? And there, it seems to me that the identity question, to use an economist's definition, is sectoral analysis. You have to take the same question and run it through different sectors of the life of the church. It's not like I know the answer to this. I'm trying to use comparative analysis to locate what our problems are, and what our possibilities are.

Sr. Carol Keehan: We've seen just this past

week some pretty tough challenges with Catholic Charities vis-à-vis the bishops and their identity. But, I would say the universities and the hospitals have their own problems. But they're different in relationship to the bishop from Catholic Charities. He owns Catholic Charities. He picks the leader of Catholic Charities. With the exception, perhaps, of Catholic University and [some] diocesan colleges — certainly not the Notre Dames or the Georgetown's of the earth — he doesn't pick the board, or the president or the management, or whatever, of the hospital or of the university. We've got a couple of diocesan hospitals left, but there are not many. But in Catholic Charities, you know, he defines the identity by defining who he picks to put on the board, who he picks to do the senior management. And he's the sponsor. So he has a different kind of role than he has when he's relating to Notre Dame, or relating to [a large hospital]. And I think that, while we all have our separate issues, that makes a very real difference.

Sr. Camardo: I think some of the insight on that needs to be reflected back to us by the communities we're serving. And I think in that way, higher education has a similar problem. I'm a graduate student at Notre Dame right now, and so if you asked people either in South Bend [Ind.] or

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STEPHEN MOORE, MD

in the [nation], what is Notre Dame, who is Notre Dame, what are the first things that come to mind? Football and the dorm that you stay in. And so, who do people know us as? I think we have those same challenges. In health care, I'm most proud when it's the strong Jewish community that wants to come to us because of what we stand for and the kind of care they'll receive. So that reputation is based on principles and values. But that's not as pervasive, I think, as we would always hope it would be, that people would know us for that, and not for joint replacement or delivering babies or the latest technology.

Anthony Tersigni: From my perspective, I think the issues are the same between higher education and Catholic health ministry. However, my concern is, if I step back relative to Catholic identity, the Catholic health ministry has and continues to be defined by what it doesn't do, or it can't do. And I think that's a differentiation factor from what higher education is. I don't hear that when I hear about Catholic higher education, but I hear that a lot, and a lot more these days, about what Catholic health ministry can't do. And it bothers me because, as I would imagine, people outside of our faith tradition then begin to draw their own conclusions about what we're all about — or not all about.

Brian Yanofchick: I'd like to pick up on an experience last year on the health reform discussion that went on. I can recall at one of the programs we sponsored, I had dinner with a couple of faculty people one night, and we talked a good bit about the health reform and how impressed they were that CHA had taken a prophetic stance in terms of the support of that bill. Basically, to a person, they said “If that's what Catholic means, count me in.” And the reason they said was because they saw as it an example of an institutional church reaching with every fiber of its being to do good for the community. And that spoke volumes to me about, in a sense, how people out there perceive what the nuns did when they founded these hospitals a hundred years ago or more. They weren't there to proselytize. They were there to bring care to the communities. And, these folks were echoing, in their perception of us, a similar thing. We weren't there to proselytize. We weren't there to protect some part of Catholic territory, but to reach out and make something better for the community. And I think there are folks out there who look to us for that element of [Catholic] identity that I think is part of the fabric of our tradition, about why we're even here in Catholic health care. We're at a phase where, internally, we're battling over what that means. Does Catholic identity mean we're different from — or engaged in? We haven't settled that yet.

Fr. Hehir: Or maybe both.

Yanofchick: To Tony's point about this, I wanted to say: If the perception is that we're here



Stephen Moore

to advance our own agenda over and against the good of others, as opposed to that we're here to help others — whether or not it's true, that perception is important to be dealt with.

Fr. Hehir: Well you could cut it a different way. I mean, obviously, an institution whose primary goal is its self-interest is not a terribly attractive institution, even though we have a lot of them in the country. But you could argue that some things you can't do are as value-laden as the things you want to do. And if you have a complex framework of values, as the Catholic tradition does, you are inevitably going to be in the position at times of saying yes many, many times — of trying to do as much as you can — and of saying no sometimes, too. And to some degree, it hasn't been a great moment in the church if we at times have lost the ability to say no to authoritarian regimes, to other things. So to some degree the complexity of the tradition lies in the multidimensional meanings of what identity means.

Stephen Moore, MD: And I would say the social environment in the United States today has truly started to polarize people so much that Catholic health care begins to be defined by three of the *Ethical and Religious Directives*¹ [instead of all 72]. ... I'm not saying the social environment isn't affecting charities and education by any means, but that the social environment and its polarization has really tried to identify Catholic

health care by a very, very small window of its true identity.

Fr. Hehir: So let me then press the discussion one step further and ask you about something talked a lot about inside the church today at a different level. And that is secularity, secularism, living in a secular culture. Is secularity a threat to our identity? Do you see it as a threat minimally, maximally, growing, declining? Secularity as expressed primarily as law and policy? ... If you look at discussions about the role of religion in the United States, there is a large, in least in terms of components, influence, if not of numbers, that would say basically religion is a wonderful thing as long as it's kept private. Religion is a wonderful thing, as long as what it means is everyone's free to pray as they wish, to worship in whatever community they want to worship. But if you project religion into should we go to war or not go to war, should we torture in war or not torture, should we provide a safety net or not provide a safety net, should we allow abortion or not allow abortion, should we allow assisted suicide or not — the argument then is that religion should be absent from that debate, except in so far as that affects individuals. That's a kind of implicit premise, but not unheard. But there are other dimensions to secularity [such as] law and policy. Are we entering the valley where that's going to become more conflicted? Is it already highly conflicted? Is it threatening, or are those who say it's threatening overestimating the nature of the threat, or the ability to cope with secularity?

Yanofchick: There are so many first reactions. I'd like to pick up on something Steve [Moore] said. There are some inside the church who want to redefine us only by three directives. There are those outside the church who want to define us by three directives, as well. ... You know, in the communities where we acquire a hospital, where we're the only provider in town, and while you may have lots of things to offer that community, the one thing that some will focus on is when you're not doing this anymore; you're not doing that anymore. I think that is an example of the question of how can you serve within your conscience in a secular society.

Fr. Hehir: Do you feel the pressure of secularity in your institutions, in the work you do, in what you seek to do, or does that sound like a strange academic interest?

Sr. Gottemoeller: I think it comes in under the guise of diversity. We have tremendous initiatives to promote diversity. It's almost an unquestioned value. And there are many dimensions to diversity. They are all to be appreciated — almost all. We have to value everybody, and we have all these diversity initiatives to make sure we include everybody. And by implication, we are validating their values, which is good to a point. But at some point those values may be in tension with ours. We don't call that out. We don't even know how to do that. And not very many people think about those things, but I do. It's crossed my mind more than once.

Sr. Keehan: You know, there was [something in the] "Women of the Spirit" exhibit too, and I quote it all the time: Jefferson's letter to the Ursuline Sisters saying, after the Louisiana Purchase, "We will not interfere."² But we do feel that interference. I mean you feel it when you want to be part of a federal effort to be a clinic in a very poor area, and you've got to meet federally qualified standards, which have real potential for having a board that will then tell you that you have to do things that are incompatible [with Catholic values]. Or to have a local board that says we have to do every service that's medically possible. We're always hunting for the right equilibrium in a society that's trying to be a good society, a society that serves its people. And so I think that tension, while it can be frustrating, at times, allows us to speak to the broader society by virtue of our resistance to it. In a prophetic way, we would not have had the ability to do that if we just went our own way and didn't have to deal with the laws. ... It's like having a very difficult discussion over what we're going to do with the budget, or a difficult discussion over, "Can we keep the mental health program open and still give a decent raise to people?" The tension is not fun. I think there are elements in Catholic, or what I call quasi-Catholic, or in the very, very secular, who would go too far. We would not have any of this, you know, "We wouldn't allow you to be a Medicare provider if you didn't tie tubes." And so we have the extremes. And I think as long as the tension stays in that healthy range where we're talking to each other, trying to understand each other better, negotiating fairness and respect for each other in our roles, it's OK. But it will never be fun.

And I think it's a mistake to think we can put it to bed. Because we can't.

Fr. Hehir: Now there are arguments circulating within the Catholic community that say it would be better to go on what I would call the sectarian road. Sectarian here is not meant to be a negative notion, but it has very definite implications. Any of you who know the Mennonite Christian communities, they have an in-principle opposition — an in-principle opposition — to taking government money. And what lies behind that principle is the conviction that no matter how good a government would be, a secular government really would never equate to the Gospel. Therefore you don't want to get into a cooperative relationship with someone with whom you don't share common ground. There are Mennonite social services in the United States, and there's a Mennonite committee that works internationally. But they take no [government] money whatsoever. And that means they're very small, for the most part. The quality is great, but they're very small. And so they would never have a meeting like this, in a hall like this. Because there aren't that many Mennonites. So there is that [principle] that says that our social institutions face such threats from secularity, law, and policy, that we might as well recognize the

There's a real difference between sustaining and nourishing the tradition of our institution's charism, versus a survival, fear-based, survive-at-any-cost [mentality], which will lead you to do a whole lot of things that you might wish you hadn't.

SR. MELISSA CAMARDO, SCL

threat and set up our own shop and do what we can with what we've got. And I'm sure your numbers are different by a factor of ten, but, nationally, 62 percent of Catholic Charities' budget is federal, state, city contracts. Now, when you get into Medicare, you're talking about a whole different reality. But that's 62 percent. And there are occasionally arguments that say that 62 percent is a huge mistake. And some are arguing that it's going to get worse because, in fact, there are issues emerging in the social services that correspond to some of the issues you face in health care.

Slosar: Partially in response to that, partially to build on what Sr. Carol [Keehan] said, I think there is some threat in secularity, itself. I think we feel more of a threat or we perceive more of a threat than there really is, because of those who, for whatever reason, are just anti-us and who we are and will take advantage of that secularity to try to keep us from moving into a community where we can do great good. But I also think that, as Sr. Carol's comments imply, that for as much threat as there is inherent in secularity, there's also opportunity. And within our tradition, I mean that was the very reason why the principles of cooperation [in Catholic moral theology] were created in the first place — the realization that you can't do good in the world, or you certainly can't do nearly as much good as you could do, if you don't collaborate with others who may not share all of your values. And so we just need to be careful in the way that we do so, to remain true to who we say we are.

Tahir: We also have a unique opportunity right now in health care because there's this prompt for partnership through the legislation, some of the recent regulations that came out. And folks may not genuinely want to have those conversations, but there is an absolute need now to partner in a different way. And so I think what it will do is it will initiate some dialogues, both from the standpoint of what it means in terms of delivering care, and then back to the church in terms of the partnership dialogue that's forming, and here's what that means to the church. So two sets of dialogues.

Fr. Hehir: Now, relevance has been a two-edged sword in the Christian tradition, too, because if one is always in quest of relevance, one may lose the center of what started you in the beginning. So, then the question becomes, how do we balance the relevance of relevance? ... [Moral theologian Fr.] Charlie Curran has said there's only one classic article [written] in Catholic moral theology in the United States in 300 years. And the classic article was Fr. John [Cuthbert] Ford's article in 1944 condemning obliteration and bombing in World War II.³ Now this is bombing against Hitler, and against Tojo in Japan. And, to give you some sense of how irrelevant that article was, McGeorge Bundy, who was President

Kennedy's national security adviser, also wrote one of the definitive histories of the nuclear age describing the lead-up to Hiroshima and Nagasaki.⁴

Bundy co-wrote the book with [Henry L.] Stimson, who was secretary of defense. Bundy said, "When the decision came to bomb Nagasaki and Hiroshima, no



From left, John Paul Slosar, Sr. Doris Gottemoeller, RSM, and Sr. Melissa Camardo, SCL.

one, no one, in the United States government, said "We don't bomb civilians." Because that story had been settled in Dresden, Tokyo and other places. And it had overwhelming public support. Overwhelming public support. Win the war. Get it over. And so Ford stood out as irrelevant, if you will.

Dr. Moore: Under what construct?

Fr. Hehir: Under one principle: that you don't bomb civilians, because that's murder. That's not just war. It was as simple as that. And he wrote this long article defending that proposition. But my only point is, as you enter this discussion, that relevance has been part of the Catholic tradition. Relevance has been — again, to use Charlie Curran, a part of the Catholic tradition. It is the 'Catholic *and*' that makes the difference. It's nature *and* grace, not nature or grace. It's church *and* world.

Sr. Camardo: And it highlights the role of motivation, I think. That there's a difference between sustainability and survival is sort of what I'm hearing. We've talked about sustainability, and there's a real difference between sustaining and nourishing the tradition of our institution's charism, versus a survival, fear-based, survive-at-any-cost [mentality], which will lead you to do a whole lot of things that you might wish you hadn't.

Fr. Hehir: So the debate within the church, and

the debate in the church and the secular society — both of them — require discernment about what constitutes the defining line of what we try to do positively, and what we must never do negatively.

Yanofchick: If you define relevance as everybody listens to you ... [for instance] if John Ford wrote an article and it was rejected, does that make it irrelevant? Morally irrelevant?

Fr. Hehir: Well, I mean talking relevance, it was ignored. It was ignored. But I use the article in class. Now we are 15 minutes away from the end of this little jaunt you've been on for nearly three hours. And so, having been a pure dictator without qualification for two hours and 45 minutes, the question now is, what haven't we talked about that we should have talked about? So the floor is open.

Tahir: I guess I would say, as someone who entered health care without necessarily planning to, what really prompted my attention in understanding it was a very brilliant sister in Milwaukee. In the way that she educated us, those of us who were without the history at the time, to appreciate the role of discernment and decision-making, and how much broader our roles are than just what we do from a practical standpoint — that grabbed a lot of folks' attention. And it created a sense of "I fit." And so I think if we can start widening the conversation about who we are, and educating people about what that really means, I think that will make some of these partnership dialogues and some of these conversations about how we relate to the secular environment a little bit more natural and a little less tense. Not that we would ever eliminate the tensions.

Slosar: Maybe I shouldn't say this, now that I think about it. But I think an issue that faces the health ministry moving forward, in light of the sustainability question, is how we work together as one ministry. How do we diminish the ill effects of Catholic competition and pride. And I think that this is a forum in which that dialogue should begin.

Manson: I was actually thinking, earlier, when you were talking about we are the largest system, and then we started talking about maybe we should dissolve some of our hospitals. And I was thinking, what about something even simpler, or not as radical, I guess, in our own cooperation? And we talk about duplication of services down the street, but what about duplication of services

across the country? And if we take the 600 million or so that you talked about, what good could we do for population health, which is kind of the exciting part of all the buzz of reform, versus serving our little pocket? I think that's a huge opportunity, and not something easy to tackle. But when it comes to population health, I think it does have to get a little bit, or a lot, more global, than the way we've thought about things before.

Sr. Gottemoeller: That's a great question. And there have been attempts before to engage it. But not with a great deal of effect. So we could write a book on all that. But the younger generation might be able to engage it, without all the baggage so many of us had, including the history — the Sisters of Mercy always did this, were always here, or the Daughters of Charity, or the Franciscans. You know, this was always our territory and our turf. We might be able, with the younger generation, to rethink those questions. And if you look at a map of the United States, Catholic health care is pretty much concentrated in Midwest and East and Northeast. Well if it's such a good, what are we doing about the rest of the country? What would it look like if we nationalized this precious ministry which we have? But of course, we wouldn't do it by building acute-care hospitals, duplicate what we have in Detroit or Chicago or Cincinnati. We would do something else. And what would that be?

Sr. Keehan: I would just say that it is very, very possible to make progress in that area. I think it's important to look at history. I can remember when I came to the Daughters of Charity. We had the largest number of hospitals, and there wasn't a single one that didn't have a Daughter of Charity as the administrator. All the boards were Daughters of Charity. And if you had asked me about any job, I could name you four or five Daughters of Charity who would be the best applicant you could ever want for those jobs. We had an abundance of riches. Not having as many sisters, and reaching out with lay people to sustain and develop and maintain a vibrant ministry, allowing lay people to also live their baptismal call more fully in leadership and sponsorship, has been one outgrowth of that. But the other outgrowth, I think, is just as important: How many of our systems today are sponsored by members of religious communities? Today, when you say what are you all doing about PJP's? Well, you can get PJP documents. People are sharing their board members, saying our board says they have to go off after six years, they're

wonderful, they've been to all these programs. And so we're doing more and more and more of that. Where I think we have not made progress is, and sometimes it scandalizes people, is locally. Sometimes, when you have a city that's got four Catholic hospitals and they're competing, it is challenging. ... But, I do think there's been huge progress made, and I think this next generation can build on that progress, and take it even further.

Fr. Hehir: You mean we've covered it all? There's nothing left? [Laughter]

Dr. Moore: We didn't talk about Notre Dame football.

Fr. Hehir: Which may need a little help. Well, I think we covered a lot. Certainly, I want to add my congratulations to the honorees. This discussion made it seem very optimistic about the immediate future of Catholic health care.

NOTES

1. United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th edition.
2. "Women & Spirit: Catholic Sisters in America," a traveling exhibit sponsored by the Leadership Conference of Women Religious (LCWR) in association with Cincinnati Museum Center. See www.womenandspirit.org.
3. John Cuthbert Ford, SJ, "The Morality of Obliteration Bombing," *Theological Studies*, 5 (1944): 261-309. Fr. Ford argued that obliteration bombing was "an immoral attack on the rights of the innocent."
4. Henry L. Stimson and McGeorge Bundy, *On Active Service in Peace and War* (New York: Harper, 1948).

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