Field Hospital Concept Is Rooted in Relevancy

Since the very beginning of his papacy, Pope Francis has provided a field day for the media. With well over 10 million people following him on Twitter, it is no wonder that many of his statements have become quotable quotes. One in particular has garnered much attention: “I see clearly that what the Church needs today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity [to the people]. I see the Church as a field hospital after a battle.”

The concept of field hospital generated a tremendous amount of excitement throughout the Catholic health ministry. Ever since the Holy Father’s 2015 homily at Casa Santa Marta when he gave us this vision of the church, there have been many interpretations and elaborations on how the church is like a field hospital, and it continues to be a common theme in programs, presentations and articles developed by the Catholic Health Association.

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Maybe it’s my age, but the thought of a field hospital reminds me of the 4077th mobile army surgical hospital on television’s “M*A*S*H.” For those who never watched the show, which ran from 1972-1983, it was about a team of men and women serving in a MASH unit during the Korean War. Described as a dark comedy, the weekly episodes were filled with both laughter and sorrow. One could not help but often be moved to tears by the courage and commitment the characters depicted in their response to tragedies of war and their care for those physically, mentally and spiritually wounded, whether friend or enemy.

Although set in South Korea, “M*A*S*H” reflected the political and social conflicts related to the Vietnam War. By airing significant issues of the era, the show about a mobile army surgical hospital — a field hospital — made for one of the most socially relevant television series ever produced.

“M*A*S*H” reminds sponsors — and us — that to care for and heal the wounds of the day, the Catholic health ministry must remain socially relevant. The Second Vatican Council called the church to such relevancy as it considered the role of the church in the modern world. Society was changing rapidly in the 1960s, and if the church was to be relevant in the world, it also needed to change.

“Thus the church, at once ‘a visible association and a spiritual community,’ goes forward together with humanity and experiences the same earthly

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HOLY, HOLY, HOLY, THE LORD GOD, WHO WAS AND IS AND IS TO COME.
lot which the world does. She serves as a leaven and as a kind of soul for human society as it is to be renewed in Christ and transformed into God’s family.”

Since the opening of the first U.S. hospital after the 1727 arrival of the French Ursulines in New Orleans, the Catholic health ministry has experienced momentous change. From the simple beginnings of providing care for poor people, there have developed multibillion-dollar health systems, innovative technologies and advances in the provision of care. These changes have given way to new and evolving models of sponsorship ensuring the ministries remain relevant for the times.

Throughout this issue of Health Progress, readers are invited to consider the many ways sponsors are ensuring the relevancy of the Catholic health ministry today. For example, Anthony Terzigni, Ascension’s president and CEO, describes sponsors’ prophetic action as “bridging the gap between the Gospel and contemporary realities” as we respond to contemporary needs. Melanie Dreher, PhD, RN, and Sr. Linda Werthman, RSM, from Catholic Health Ministries, sponsor of Trinity Health, provide an in-depth look at the relationship between sponsorship (canonical) and governance (civil), and the lessons learned from a “mirror board.” SSM Health Ministries’ Sr. Rose Mary Dowling, FSM, along with ethicist Ron Hamel, PhD, describe one congregation’s inspiration for creating a new model of sponsorship and the journey of its development.

The authors give us a lens through which sponsorship is perceived and experienced, and their various perspectives and new interpretations have come a long way since the founding congregations sponsored these ministries of the church. Chris Lowney’s invitation to think more broadly about “small s” sponsorship brings us back to Sister of Mercy Concilia Moran’s understanding of sponsorship: “support of, influence on and responsibility for.” That’s a vision that encompasses far more than canonical sponsorship.

In the current health care environment, the impact of market demands has resulted in some Catholic hospitals being sold to secular or other faith-based systems. Lisa Gilden, JD, CHA’s vice president, general counsel and compliance officer, analyzes such arrangements as how “the Catholic health ministry continues to seek new ways to carry on its mission of providing services to those in need in an evolving U.S. health system.”

Today, amid so many challenges, the Catholic health ministry strives to remain relevant. At times the pressures seem insurmountable, particularly with the uncertainty surrounding health reform. In their article, Sr. Catherine O’Connor, CSB, Congregational Leader of the Sisters of St. Brigid, and Thomas H. Morris, senior vice president, sponsorship and theology at Bon Secours Health System, remind us of the vital role formation plays in preparing and providing guidance to members of juridic persons as they navigate these challenges.

Perhaps more than ever, sponsors need to heed the call of Mother Odilia Berger, the founder of the Sisters of St. Mary, to “Continue courageously, for the love of God.” The stories of the fictional 4077th mobile army surgical hospital staff demonstrate how courage and commitment allow any and all of us in the health care ministry to be relevant and remain true to our call.

By the way, if you haven’t watched an episode of “M*A*S*H” lately, check your local TV listings. It’s a story you don’t want to miss.

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