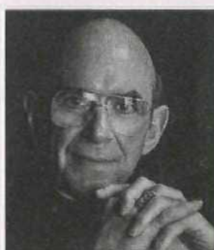
The Bishops' Role in Preserving The Ministry's Vitality

BY CARD. JOSEPH BERNARDIN

Our Catholic healthcare system is the largest private system, serving millions of people in the United States annually through almost 600 hospitals, more than 1,000 long-term care facilities, and many other health services. These institutions and many professional schools owe their existence to the inspiration and commitment of generations of women and men religious whose congregations sponsored and staffed them.

We have a long history of quality and professionalism, serving the sick, enhancing human dignity, and advocating better healthcare for the poor in this country. Our health apostolate is one of the finest achievements of the Church in the United States. All of us must be committed to its future vitality and progress in the face of trends that create new problems and opportunities for this essential ministry. The vitality of our healthcare ministry must be a priority for the whole Church, and bishops cannot evade their role in meeting these challenges.

Changes in healthcare and religious life, as well as other factors, have placed the Church's healthcare ministry at a crossroads. In some cases, traditional models need to be renewed and reshaped to meet new realities in our Church and healthcare system. We may need new forms of governance, new models of service delivery, and new ways of collaborating to ensure that our Catholic values, presence, and identity continue to be reflected in healthcare. Bishops cannot ignore these realities or wait until the crisis is more acute before they join with others to meet these challenges.



Card. Bernardin is archbishop of Chicago. (Photo by Jean Clough.)

Chicago's Catholic Health Alliance

As a local bishop, teacher, and pastor, I have convened Catholic healthcare providers through the archdiocesan Catholic Health Alliance for metropolitan Chicago. Some of my experiences have been successful.

For example, in the northwest quadrant of the archdiocese only one physician was willing to provide primary care in an area where more than 5,000 residents at the welfare level were in need of medical service. Hospital emergency rooms delivered most of the service before five Catholic hospitals came together with Catholic Charities of the archdiocese to form a physician referral network. Eventually other nonsectarian hospitals joined the effort. Today, more than 380 doctors deliver high-quality primary care to individuals and families at the welfare level in that part of the archdiocese. Recently, the Catholic Health Association bestowed an award on this creative service.

Although much has been done to enhance service in the archdiocese through the Catholic Health Alliance, we are still struggling unsuccessfully to put together an instrumentality to assist hospitals where religious congregations are no longer able to sustain them or finances are threatening their closure. This predicament calls for a solution in many of our dioceses.

Bishops' Role in Healthcare

There is some uncertainty or ambiguity about the bishops' role in healthcare. Most dioceses are deeply involved in healthcare. A few own and operate hospitals, clinics, and other facilities. More often, though, religious communities have generously and skillfully provided healthcare in the Church's name. In these cases, the bishops' role is less clear, and they are probably less involved. We often seek to support the ministry of others rather than exercise it ourselves. Although bishops have their traditional canonical, pastoral, and educational responsibilities, we often serve more as convener, "cheerleader," or advocate than as decision maker. When bishops do address questions of Catholic identity, our interest is sometimes perceived as interference, our respect for autonomy as indifference or lack of concern.

On the other hand, bishops may misread recent calls for greater episcopal involvement as implying future organizational and fiscal respon-

sibilities that are not necessarily intended. Moreover, the relationships between bishops and healthcare sponsors and leaders are sometimes affected by broader forces at work in the Church—including debates over the role of women, the future of religious life, and Church teaching on human life and sexual morality.

We need to move beyond confusion over roles to a common commitment to shape a vital future for our healthcare apostolate. The questions being raised go to the very heart of the Church's healing mission: How should the Church express its healthcare ministry in the future? How should the Church deal with modern ethical dilemmas in a pluralistic and sometimes hostile society? How can the Church help infuse the systems that provide healthcare services in our society with Christian values?

Challenges Ahead

The Catholic healthcare ministry faces a variety of challenges: the implications of declining numbers of religious, issues of coordination and collaboration, reduced resources, and national healthcare reform.

Declining Numbers of Religious First, a major challenge before us is the decline in the numbers of women and men religious who have historically owned and governed the majority of Catholic healthcare facilities. This situation makes it increasingly difficult for many congregations to provide the leadership necessary to ensure the viability of their healthcare ministries. The Church must recognize that the future of the healthcare ministry depends on creative, committed leaders. We must also learn how to prepare persons for leadership in a deliberate and focused way.

This decline in the number of religious also raises serious questions about the continuing sponsorship of Catholic healthcare institutions by religious congregations. We need to ask: As sponsorship by religious congregations is transferred to other congregations or to non-Catholic entities, how can authorization *by* and accountability *to* the Church be maintained? What are the forms that these new sponsorships will take?

Coordination and Collaboration Issues Second, there has been an increasing fragmentation of community responsibility for healthcare. Catholic hospitals are sometimes not seen as related to the local Church in vital ways. The average Catholic too often has little understanding of the healthcare ministry as part of the Church's total mission. The relationship between bishops and the sponsors and administrators of Catholic institutions within their dioceses is often characterized by personal warmth and goodwill, but too often real collaboration does not occur until it is too late. We may fail to communicate about issues of mutual concern and accountability until a crisis is apparent.

While we recognize the effectiveness and efficiency of multi-institutional systems, their structures too often contribute to distant relationships with the local Church and the diocesan bishop.

Tensions for bishops arise from the absence of an ongoing relationship with sponsors and administrators of Catholic institutions. A growing reality is that many Catholic hospitals are owned and managed by a national network of a religious community. While we recognize the effectiveness and efficiency of multi-institutional systems, their structures too often contribute to distant relationships with the local Church and the diocesan bishop.

Reduced Resources A third challenge involves the continuing cutbacks in public funding and aggressive cost containment by both public and private healthcare purchasers. This fiscal crisis has led to less financial solvency for healthcare institutions and sharply reduced the historic cost sharing by which healthcare providers subsidized uncompensated care. Within this fiscal environment, Catholic hospitals are less and less able to oppose the prevailing trends and maintain a commitment to the sponsor's values, such as providing healthcare to the poor and the uninsured.

The relationships between local Catholic hospitals are sometimes characterized by competition rather than cooperation. This attitude makes it difficult for a bishop, concerned about the overall issues of the Catholic healthcare ministry, to work effectively with competing sponsors and institutions during difficult financial times or when confronted with ethical dilemmas.

Healthcare Reform The fourth challenge involves the role of bishops in healthcare advocacy. Our country has entered a debate about whether and how to reform the healthcare system in order to deal with the growing problems of inadequate access, increasing costs, and quality of care, espe-

Continued on page 28

The Bishops' Role

Continued from page 22

Bishops must participate to ensure that our healthcare ministry practices what we preach.

cially for poor families and children.

The unrestrained escalation of healthcare costs has spawned an unprecedented problem of coverage and access. Americans without health insurance now number close to 40 million. An almost equal number have inadequate insurance. Nearly three-quarters of the uninsured are full-time workers and their families. Most disturbing of all, 11 million children are among the uninsured.

Despite huge expenditures, first-class technology, and an excellent medical education system, serious questions persist about the quality of healthcare in the United States. The symptoms of a failing healthcare system are everywhere: an unconscionable rate of infant mortality, increased malnutrition, increasing numbers of sick and homeless.

This is not a new issue for the Church. We have advocated comprehensive reform for more than two decades. We bring several essential perspectives to the discussion—as defenders of human life and human dignity, as providers of healthcare, as purchasers of insurance coverage for our employees, and as a community that serves and advocates for the poor and vulnerable. The Church must bring a constructive and distinctive voice to this debate at both the state and the national levels.

Ensuring the Ministry's Vitality

The bishops' role is central in light of the challenges facing the Catholic healthcare ministry at this time of immense change. The significance of the healing ministry in the overall mission of the Church demands the commitment of episcopal leadership. We must move now in a dramatic fashion to ensure the continued vitality of the Catholic healthcare ministry. Bishops must participate to ensure the continuing Catholic identity, the commitment to the poor, and the connection to the Catholic community. We must participate to ensure that our healthcare ministry practices what we preach about human life, human dignity, the rights of workers, and the common good.

Several questions provide focus to the task before us:

- How can bishops be involved and informed on relevant trends and issues in the healthcare ministry?
- How can Catholic laymen and laywomen be challenged to greater responsibility for their role in this ministry, and to demonstrate their personal commitment to its continued presence and vitality?
- How can bishops implement effective programs of advocacy on behalf of issues?

In these days of change and stress, there is simply no substitute for stronger relationships and greater collaboration between bishops and the leaders of Catholic healthcare. We need more dialogue—nationally and locally—about how we work together to enhance and preserve the Catholic commitment to healthcare. We also need to stand together in advocating national reform of healthcare, which will protect and enhance the life and dignity of all our citizens, especially the poor and vulnerable. □

Forging a Future

Continued from page 20

the Church has become the steward of significant resources on which society has learned to depend.

The healthcare ministry has been, continues to be, and should remain a vital part of the Catholic Church's mission. A prerequisite to facing the challenges that confront our ministry is a renewed commitment to the healthcare ministry by the whole community of faithful. Such a commitment will entail significant collaboration among those who share the Church's values.

A variety of alliances and cooperative arrangements among Catholic institutions and agencies will make it possible to continue the ministry and to extend its reach into areas of greatest need. Agreements entered into with those who do not acknowledge the Church's authority or accept its teaching will call for special sensitivity. These arrangements must be guided by the traditional Catholic moral principles regarding cooperation in determining how to proceed.

Transforming the Healthcare System

The ability to set national directions on issues and strategies central to the Church's healing mission is a vital characteristic of the Church's future healthcare ministry. In particular, society will look to Catholic healthcare providers to seek out the poor and underserved. Leaders of the Catholic healthcare ministry must keep the needs of the poor before the public and try to transform the system of access and financing in favor of the needy and most vulnerable in society.

The bishops have an important role in helping bring about greater collaboration, new models of sponsorship, and healthcare reform. We can be separate no longer, each going our own way. To paraphrase St. Francis, we must seek to teach with Jesus' love and to heal together—to bring about unity and to find the lost and bring them home to Jesus together. Only by working together can we bring the healing ministry of Jesus into the twenty-first century, because without the bishops there will not be a Catholic healthcare ministry in the twenty-first century. □