

HOLY MEMORY, FAITHFUL ACTION

The Catholic Identity of Catholic Health East, Based In Memory, Has Important Implications for the Future

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Catholic identity in healthcare has been the subject of discussion, debate, and study for more than two decades.¹ Challenges to the Catholicity of institutions, as well as to mergers, joint ventures, and joint operating agreements, often have made it necessary for us to clarify who we are and what distinguishes us as ministries in the Catholic tradition. But there is another reason to delve into this question again: We do so to *remember*.

Remembering is one of the most important themes in the Judeo-Christian tradition. The Scriptures represent the collective, Spirit-inspired memory of the communities that experienced the saving power of God. These communities maintained their identity and their hope through telling and retelling the acts of God on their behalf.

To remember within a faith context is to do more than recall an event: It is to reenter the event, to become present to the grace and power it manifests. When we look again to the meaning and implications of Catholic identity, we are in fact remembering who we are, why we do what we do, and in whose name we do it. We recall and reenter the events and the passion that gave birth to our ministry.

At the same time, holy memory impels us to act to shape a future that is faithful. As we view the present, we must recognize grace as well as those occasions when grace is overshadowed by expediency, greed, and complacency.

In this respect, holy memory is dangerous because it critiques the present in light of God's saving acts.

One cannot live only in memory, however. One must always ask, Who are we, and what are we to do *now*? What does it mean to be a Catholic health system today?

MARKS OF THE CHURCH

The name our particular expression of ministry has chosen is Catholic Health East (CHE). We claim to act in the name of the Catholic Church. In determining what this means, it may be helpful to look at the Catholic healthcare ministry in light of the ancient characteristics, or "marks," of the church.

We repeat them whenever we say the creed: The church is *one, holy, catholic, and apostolic*. The church has historically understood itself in terms of these marks, and, taken in their broadest and most dynamic sense, they provide helpful contexts for understanding the Catholic identity of our work.

One The church has always stressed its unity and oneness. As all Christians are part of the one body that is Christ, so the church is a reflection of that oneness. This unity—and the striving for it—expresses itself in the Catholic health ministry. Unity is based in relationships, particularly those which express love and compassion. Healthcare consists of relationships: between caregivers and patients, workers and coworkers, organizations and communities. The entire mechanism serves the healing relationship that is the true work of healthcare.

CHE is a specific manifestation of the call to oneness, for it is the fruit of many joining together in a common mission. "The founding cosponsors of Catholic Health East share a common heritage and similar values in the sponsorship of their health ministries. The heritage of each sponsor is characterized by a deep and unwavering faith in God's providence, a passion for responding to unmet needs, and a special

CHE STATS

Catholic Health East, Newtown Square, PA, is cosponsored by 13 religious congregations, with facilities from Maine to Florida, including 31 hospitals, 27 skilled nursing facilities, and 20 residential facilities.

concern for persons who are poor.”² All who work in CHE share that one mission.

Unity does not imply uniformity, however, and the gifts and talents of each person are indispensable to fulfilling the one mission. The diverse traditions from which CHE was formed add flavor and distinction to the health system.

The church is not perfectly one. It lives in the pain of separation

and struggles toward reconciliation. The Catholic health ministry also struggles toward reconciliation. We are often at odds with each other in our daily work or alienated from other Catholic providers. At times, we are separated from the community we intend to serve. In each case, it is important to remember that our identity calls us to oneness and invites us to work toward the one body, the one work of service for all the people God loves.

Holy The church holds up the mark of holiness as both a characteristic and a goal. The church is holy in that it has been called by God and established as one body in Christ. Its holiness does not arise from any virtue of its members or from any particular worthiness, but from its relationship with the divine. This relationship continues among people through the presence and energy of the Spirit of God.

Holiness transforms both individuals and communities. A health system whose mission is to be a healing and transforming presence can carry that mission out only when its members themselves are transformed. Structures in the system must encourage the spiritual growth of caregivers and those served. The presence of God in all we do will be felt through prayer, celebration, reflection, and gratitude.

The spiritual needs of those we serve have always been central to Catholic healthcare. Ecumenically sensitive departments of pastoral care are evidence of a system's conviction that the spirit requires nourishment and care. We must also be responsive to the fact that changes in modes of delivery and demographics in many parts of the country demand that spiritual care be even more consistently provided.

Catholic healthcare remembers the characteristic of holiness in its service of people. It demonstrates reverence for all and sees in all human life

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the sacredness of those who are made in God's image. In a culture that sometimes places little value on life as it begins and as it ends, a holy church and its ministries demonstrate care and compassion for such life. Further, mindful that holiness stems from divine initiative and gift, Catholic healthcare honors the sacredness of those whose dignity lies hidden behind poverty, handicaps, or addiction.

It acts to ensure dignity and justice for those unable to act on their own.

Catholic While to many the word “catholic” implies “Roman Catholic,” its most basic sense is that of universal, or all-embracing. This definition reflects the church's self-understanding as one meant for all peoples in all places. As catholic, the church reaches out to all people. It honors diverse cultures and incorporates them into itself.

For the Catholic health ministry, to be catholic means to welcome all. It implies that Catholic healthcare leaders are willing to work with all others for the sake of God's people. This claim of catholicity calls for an openness to others and their contributions.

To be catholic also implies a fidelity to the Catholic tradition in all of its aspects and fundamental expressions, particularly as expressed in the *Ethical and Religious Directives for Catholic Health Care Services*. Catholic healthcare accepts the teachings of the church with reverence and integrity and strives to shape new expressions of those teachings. CHE embraces the traditions of the cofounders and welcomes all who seek to join its mission. It does not seek to convert others to the Roman Catholic tradition, nor does it apologize for its own identity as faithful to that tradition. Catholicity implies universality of welcome and collaboration for the sake of the ministry.

Apostolic The fourth mark of the church is that it is apostolic. The term “apostolic” refers to the church's grounding in the experience of the first witnesses to the resurrection. It connotes experiencing the power of God and being sent forth to proclaim that experience. For example, Mary Magdalen not only saw the risen Lord but was sent to tell the others what had happened (Jn 20:11-18). To be apostolic is to be in communion with the tradition that began with the apostles and bear witness to that tradition.

The apostolic character of the church establishes it as a church in the world. The apostles went into society to proclaim what they had seen and heard, and apostolic persons do the same today. This has important implications for the Catholic health ministry. Healthcare, as a social institution, is deeply involved in the communities it serves. It reaches out into the community, it collaborates with others to improve the community, and it works for the participation of all in needed goods and services. In a society that prizes competition, individualism, profit, and coercive power, a ministry built on service, compassion, and collaboration is a truly apostolic one.

The name Catholic Health East indicates that the system willingly places itself in a tradition that is marked by unity, holiness, universality, and gospel witness. As a representative of this tradition, CHE knows it is called and sent forth, blessed and challenged, grounded yet set in new directions. This identity has concrete implications for the health system and those who participate in its mission, particularly in the areas of sponsorship, stewardship, strategic positioning, and innovation.

SPONSORSHIP

The relationships between sponsorship and Catholic identity are especially important in three areas. The first of these is the role of sponsorship itself. In many ways, sponsorship is an exercise of stewardship. Sponsors in Catholic healthcare today are called to both honor and preserve what has been given them and allow for the inevitable transformations that occur when charisms come together and when the laity participate in the mission. As stewards, sponsors are called to actively encourage new understandings and expressions of their own particular ministry.

Second, sponsors, while not directly involved in the daily operations of the system, must set in place structures that establish and facilitate the mission and values of CHE. Such structures include accountability measures for governance and management; positions in the organization that focus on values, identity, and spiritual care; ongoing processes for values-based selection and

Religious sponsors are tangible signs of the system's Catholic identity.

development of leaders from within the organization; processes for ethical decision making; and ongoing development of the soul and spirit of CHE. Sponsors need to make certain these are all in place and functioning well.

Third, religious sponsors are tangible signs of the Catholic identity of the health system. In a system grounded in faith and attentive to relationships, religious

leaders' relationships with church administrators place them in a significant role. They can serve as bridge between the institutional church and the people who serve in the ministry. This implies an ongoing relationship with both representatives of the institutional church and those who serve the church. It demands knowledge of healthcare issues as well as a clear sense of purpose and mission. Wise stewards remember what they care for and why.

STEWARDSHIP

CHE's identity as a Catholic health system has implications for its understanding and practice of stewardship. The founding sponsors believed that formation of CHE would allow more effective stewardship of collective resources and achieve maximum benefit for the communities served and the common good of the Catholic health ministry. Catholic identity and commitment to ministry demand that our stewardship is grounded in belief in the sacredness of both the work we do and all persons involved in that work.

Furthermore, CHE represents vast resources dedicated to the service of others and the ministry of the church. These resources must be used wisely. The material resources of the health system are for the health of the community, the sake of the people, and—ultimately—the glory of God. Good stewards need to be financially astute.

CHE's resources are meant for the good of all. The founding documents speak often of the common good. Although the United States is characterized by excessive individualism, CHE is founded on principles of collaborative relationships. This implies outreach to others and a sharing of system resources. Activities such as investment management, capital allocation, and debt refinancing are not merely good business practices,

they are also practical exercises in working for the common good.

Finally, CHE recognizes that many of the resources entrusted to us are of and from the earth. Environmental resources will be treated with great respect by those who recognize that they are not inexhaustible.

STRATEGIC POSITIONING

The Catholic identity of CHE will have certain implications as the system seeks to improve its strategic position. Because CHE is a Catholic health system committed to a healing ministry, both motivation for growth and the fruits of growth have distinctive significance, and choices concerning where to grow and how to grow indicate a consciousness of identity. Catholic, ministerial identity will always act for the sake of the people, for the sake of growing a greater scope of service and broader-based witness and presence. Greater system recognition, a more comprehensive network, a stronger organization, and increased profitability may result from enhanced strategic positioning. They are not, however, the primary goals. The primary goal is being a transforming, healing presence.

Because CHE stands in a tradition grounded in biblical calls to justice and response to those in need, strategic positioning will remember the social and prophetic witness of the Catholic health ministry. Often a health network is one of the most stable and significant social institutions in a community. Catholic health facilities and services must be conscious of this as they strive not only to care for individual persons but to improve the health and well-being of the entire community.

INNOVATION

In formulating the first strategic plan for CHE, system leaders recognized the importance of innovation for the future of the system. What are the implications of Catholic identity for innovative strategies and activities?

One implication resides among the purposes for founding the system: "Catholic Health East will use its collective strength and resources to pioneer new ways of responding to community health needs. Together, the founding sponsors and health systems will be positioned to take risks

Catholic Health East will be innovative in collaboration and the provision of services.

and explore innovative approaches to health-care which none could have done independently."³ No one in this country will deny that the delivery of health care has radically changed.

To be faithful to the memory that is precious to identity, CHE must pioneer new ways of responding to needs. Sponsors will find new ways in which to sponsor, alternatives that will re-

spond to needs of both religious congregations and the communities we serve.

Further, the entire system will be innovative in its approaches to collaboration and provision of services so that more are served with more compassion. In the Gospels the disciples of the imprisoned John the Baptist seek out Jesus to find out if he is really the Messiah. Jesus does not answer by giving his pedigree or degrees, he simply points out what has happened. See, the lame walk, the deaf hear, the blind see, the poor have the good news preached to them (Mt 11:4). Every organization and facility in CHE is challenged to be able to say the same thing. To do so, we must be creative and dare new ways of doing things.

Finally, Catholic Health East will need to be innovative and creative and even risky about memory. How can we keep memory alive? How can we continue to tell the story in ways that instill passion and hope? Each day provides its own commentary on the holy memory. How will we learn to see it better, recognize it in the work we do, and recognize ourselves in the telling? □

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NOTES

1. Some of the more significant studies on Catholic identity include *The Dynamics of Catholic Identity in Healthcare: A Working Document*, Catholic Health Association, St. Louis, 1987; *Critical Choices: Catholic Health Care in the Midst of Transition*, Consolidated Catholic Health Care, Oakbrook, IL, 1993; "How to Approach Catholic Identity in Changing Times," *Health Progress*, April 1994, p. 23.
2. *Coming Together: The Spirit of Catholic Health East*, Catholic Health East, Philadelphia, 1998.
3. *Coming Together*.