

## EDITOR'S NOTE

Sr. Diane Grassilli, RSM, an active member of the Catholic health care ministry, died in July of cancer. Sr. Diane was president of the Sisters of Mercy, Burlingame Region, which covers California and Arizona. She was chair of the board of directors of Catholic Healthcare West (CHW) from 2002 to 2005, a member of the leadership team for the Burlingame sisters, and a board member of Mercy Housing, Inc. She was also assistant to former CHW President Richard Kramer from 1989 to 1997. Following is an adaptation of a speech she presented at CHW's 2005 Mission Summit on mission leadership.

# Looking Back on Catholic Healthcare West

## *A Sponsor's Vision for Catholic Health Care*

### REMEMBERING SR. DIANE



Sr. Diane

SR. DIANE GRASSILLI, RSM, was a great gift to Catholic Healthcare West (CHW) and to our healing ministry. Much in the same way that mission integration developed from "employee activities" in the 1980s, becoming "mission services" in the 1990s and now "mission integration" and "lay ministry leadership" today, Sr. Diane's work had an organic development and maturation.

Sr. Diane was one of the strategic planners for the Sisters of Mercy in the '80s. She then became CHW's mission leader. She was assistant to the system's president in the '90s, doing her work from the administrative perspective. Sr. Diane was then elected to the leadership team of the Sisters of Mercy in Burlingame, CA, and became a corporate member and board member of CHW.

In the following article, Sr. Diane comments on her many perspectives and on how what one sees depends a lot on where one stands. Sr. Diane helped anchor CHW in its mission, vision, and values. She was chair of the corporate members as well as of the CHW board. With her eye for detail and business acumen, she also chaired the system's finance committee and seemed to know the bylaws by heart.

We at CHW will miss Sr. Diane's leadership, her wisdom and grace, and, most especially, her friendship. Fortunately for us, there is so much around us that was influenced by her—each day we have gentle reminders of how she touched our lives and left our healing ministry for the better.

—Bernita McTernan  
Senior Vice President  
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**T**he Haitians have a proverb that says, "Where you stand determines what you see." I have an unusual vantage point because not only was I the director of mission services at the time Catholic Healthcare West (CHW) was formed; I also had an opportunity to help ghost-write some of the system's foundational documents. In that role, in a subsequent role as assistant to the president, and then as a board member and corporate member, I have attended every corporate member meeting since CHW's founding and every board meeting, with the exception of one year.

So you see, I have been standing around a lot; I have seen my fair share, believe me.

As I began thinking about this fact, I asked a sister I live with if I could borrow her copy of a book by Parker Palmer called *Let Your Life Speak: Listening for the Voice of Vocation*. In this book Palmer says, "I lead by word and deed simply because I am here doing what I do. If you are also here, doing what you do, then you also exercise leadership of some sort."<sup>1</sup>

Let me begin with what I do. When Thomas Merton was asked this question about his life as a monk, he said something like, "What I do is pray; what I wear is pants." What I wear is size eight—mostly; and what I do is pray—but not enough—and tell some stories.

As leaders we must continue to tell our stories. One of the stories I have been asked to share—from my perspective, anyway—is why CHW came into being back in the mid 1980s, how we arrived at who we are today, and a little about how the sponsors and board exercised their leadership in this process, and still do.

## ORIGINS OF CHW

CHW began with the vision of Sr. Maura Power, RSM, and Sr. Terese Marie Perry, RSM, who were respectively the presidents of the Auburn and Burlingame regional communities of the Sisters of Mercy. Besides their very compelling vision of bringing the Mercy health ministry together, there were, in 1986, the usual themes of:

- Better not to go it alone, even small systems will not survive.
- The future is in joining together.
- Think of the efficiencies.
- Think of the borrowing power and lower interest rates.

But all was not completely rosy. To be candid, there were also some folks on staff who were voicing some nervousness about being “engaged” but not really being sure that we wanted to “get married.”

While this may have been the background noise, the sponsors, in fact, were the ones driving this new moment. And what the *sponsors* wrote down in the first mission statement was their desire to strengthen existing ties, stimulate new linkages in the West, and act as advocates for the poor.

The vision and intention of the two founding Mercy communities was (as I viewed it) to reinforce the ministry they knew, anticipate how the ministry would evolve, and dream about the voice they could be in the public square.

We did indeed strengthen what we had begun; the two systems became stronger as one and weathered some pretty difficult early days with a downturn in one or two of the markets. We did stimulate new relationships; we knew the Dominicans were going to consider their future structure within a few years, which was why we moved from a Mercy name to the more descriptive name of Catholic Healthcare West. In fact, the Adrian Dominican Sisters did join us in 1988 and became the third sponsor of CHW.

The genius of that moment in 1988 was to “put our money where our mouth was.” The Sisters of Mercy hoped CHW would be a true cosponsored system. When the Adrian Dominicans were looking to join us, a very clear decision was made in the boardroom one day: We would be *equal* cosponsors. Regardless of the assets brought to the table, the seats around that sponsor table would be equal in number. We would honor the various sponsor traditions, but we would work toward a shared CHW culture.

In 1991, the sponsors delegated many of their reserved rights as the corporate members of this system to the CHW board, holding only those powers that were required to maintain oversight of the ministry and keep it in trust. We didn’t just bring together many cultures; we began to create a *shared CHW culture*.

What we did not know at the time, and probably could not truly imagine, was that we would not just link up with hospitals who shared our particular faith tradition; we would join with hospitals solely because they shared our values. This was a huge leap for some of our sponsors, but one that has enriched us many times over—and not just through balance sheets.

The Adrian Dominicans, and then each subsequent group—the Daughters of Charity, the San Rafael Dominicans, the Sisters of Charity of the Incarnate Word, the Kenosha Dominicans, the Franciscans, and then our community-based hospitals—all brought us as Sisters of Mercy to places that we might never have made it to on our own. The linkages—perhaps different from the ones envisioned in the first mission statement—expanded as more and more hospitals in the West viewed their futures in a larger system and especially as the for-profit systems entered the local markets.

## A PERIOD OF TREMENDOUS GROWTH

Beginning around 1994, we saw phenomenal growth as hospitals asked to join CHW—both Catholic hospitals and also some that, although they did not spring from the Catholic tradition, had values we shared and sometimes put us to shame in the way they lived them out. By 1995, the Daughters of Charity, Los Altos Hills, CA, had joined CHW. And as we began to reorganize our governance and plan for the greater growth we saw coming, we realized that if every group of Catholic sponsors made good on their exploration of CHW, we would go from four sponsors to 16 sponsors! And that wasn’t counting other systems that were also knocking at our door.

As it was, we assimilated five more sponsors in a period of about two years. We began to move from *equal number of seats* at the sponsor table to understanding and expressing our *equal responsibility for the ministry*. We began to appoint sisters from the various cosponsors to boards that had been traditionally served by one sponsor. Almost as importantly, we welcomed an even larger number of other not-for-profit community-based hospitals.

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**Good stewardship of our financial resources, our people, and our Earth are absolutely integral to our mission—not separate from it.**

The CHW board expanded to include different areas of expertise. By this time, we had a lay CHW board chairperson, and two more followed him. At the height of our growth, we had almost 50 hospitals, ownership interests in several medical foundations and physician organizations, and several joint ventures for specific local services.

What did we create here? Who exactly were we? There were moments when we had this stunned feeling of tremendous growth, and we were at a loss for words to describe what was happening.

In 1986, the sponsors envisioned themselves as acting as advocates for the voiceless. By 1996, we had begun to be recognized by government, payers, physician groups, and labor. But our voice was still feeble and sporadic. We were leading our health care colleagues to recognize our social responsibility, but we were fairly invisible in the halls of government—or, rather, on the occasions when we *were* seen, we were unwelcome because of our tangles with organized labor.

In these 10 years we had gone from philosophy implementation to mission effectiveness, and from mission effectiveness to a broader concept of mission services. But we were far from an understanding of mission integration. Community benefit was a concept struggling to get on the agenda of management and governance. Some may think it still is. We were riding a wave at that point.

But there were also some unfortunate themes surfacing once in awhile. It was, for example, in the 1990s that the worst slogan in all of Catholic health ministry was coined and quoted all too often—the proverbial and odious bumper sticker: “No margin, no mission.” I hope I never meet the person who coined this. I am sure it was said with good intention, but, in many ways—because it is so catchy—it has single-handedly undermined the integration we strive for in Catholic health ministry. This phrase has the unwanted effect of creating a kind of schizophrenia within an organization. It can be a justification for an overriding focus on the bottom line to the relative exclusion of why we are really here. It can give an unconscious primacy to financial resources and, by default, a diminishment of our people, our patients, and our communities.

It also spawns a false dichotomy. When I hear folks making reference to “our mission work,” I wonder: As opposed to what? Our real work? As if saving the current institutional form is our goal when, in my opinion, it is our presence and service in our communities—in whatever shape the

current age calls for—that is central to our ministry today. Essentially, we are not about being a bottom line so that we can survive. But that is, unwittingly, what the message of that bumper sticker became.

In fact, good stewardship of our financial resources, our people, and our Earth are absolutely integral to our mission—not separate from it. Bob Johnson, CHW’s first general counsel, used to say, “We are not a business with religious overtones; we are a ministry run like a good business.” Now don’t get me wrong—I like and can spend money with the best of them. But I come from a group whose foundress, Catherine McAuley, said such things as, “While we place all our confidence in God, we must act as if all depended on ourselves”; and, “Since very little good can be accomplished without money, we must look after it in small as well as great matters.” These insights were tempered with such equally clear comments as “Prayer will do more than all the money in the Bank of Ireland.” The Mercy foundress had a good balance; she saw our resources as a tool—one we need to use responsibly to serve people.

It is also important to keep the context in mind. One of the principles of Catholic social teaching is that of community and the common good. The human person is both sacred and social. Our tradition believes that human dignity can only be achieved and protected within a larger context—the context of community. Palmer, speaking of the integration of stewardship with mission, writes:

In the human world, abundance does not happen automatically. It is created when we have the sense to choose community, to come together to celebrate and share our common store. Whether the scarce resource is money or love or power or words, the true law of life is that we generate more of whatever seems scarce by trusting its supply and passing it around. Authentic abundance does not lie in secured stockpiles of food or cash or influence or affection but in belonging to a community where we can give those goods to others who need them—and receive them from others when we are in need.<sup>3</sup>

#### ENTERING THE 21ST CENTURY

In the late 1990s, large though we had become, our fortune tumbled into the great abyss. We lost our focus in the midst of the mergers surround-

ing us. There are probably several themes that converged, but I will say that it was the sponsors serving on the board who first called the question. And when they shared the board discussion with the full group of corporate members, they were in effect told, "Finally; what took you so long?"

Then began the real adventure. We had a change in leadership. We deliberately asked a member of one of the sponsoring congregations to serve as interim president. She was clearly qualified; she had the benefit of having more than a century of community commitment behind her. But we also needed to send a signal to our publics that we would not implode. The message was clear; we were not going away.

We formed a search committee to seek a full-time president. The committee's first discussion centered on what kind of person we were looking for. We had several key decisions to consider, among them the ones usual at the beginning of a search of this importance. But the one I want to highlight is the discussion we had about *whom* we wanted. Did we want someone who was a turnaround specialist, or someone who would transform the system? Unanimously, we said, "Transformation." At that point, Lloyd Dean came on board, and I do think we are a different system today than when he arrived in 2000.

Dean's first major challenge was to reorganize the system. We were well into it when it became clear to one of our sponsors—the Daughters of Charity—that we had different understandings of what it meant to cosponsor and that they wished to *withdraw and re-form their own health system*.

That was a defining moment for all the cosponsors. The other cosponsors were kind but candid in the discussions that followed. Although it was a very difficult time for all of us, it had its positive effects as well. Remember, a whole new executive team had just been brought in from places where they were very successful and had job security. What was passing before their eyes when they learned of the Daughters' intention was, at the very least, interesting to watch. However, I knew, and it was confirmed immediately, that the other eight co-sponsors would not waver in their intention to continue with CHW. In fact, we became more clear about why we were together, what we wanted CHW to be, and what we wanted to do.

In his book, Palmer goes on to argue for letting your life speak by delving deeply into your heart, doing your "inner work."<sup>4</sup> We did our

inner work in that period. We delved deeply into our own hearts and that of CHW, and we emerged stronger because of it.

If the system was going to break apart, this was going to be the moment. But it was not to be. Palmer also says that "the gift we receive on the inner journey is the knowledge that ours is not the only act in town."<sup>5</sup> For CHW to become the reality it is today, not just the sponsors and the board but the entire system had to say yes again to this adventure.

So, from where I stand now, are we perfect? No, but from where I stand, I can see that we have stabilized and are more focused geographically than we were in the late 1990s. We are organized in a more purposeful manner. We are beginning to grow again, but more deliberately.

No, we are not perfect, but we *are* different from who we were even three years ago.

So what do I see on the horizon, perched from my mountaintop? I see how far we have climbed. Do I get discouraged? Yes, even in my place in the organization, that happens. But before I turn around and see another mountain up ahead, let me sit up here for a minute and reflect on something else Palmer said. He writes:

We have places of fear inside of us, but we have other places as well—places with names like trust and hope and faith. We can choose to lead from one of those places, to stand on ground that is not riddled with the fault lines of fear, to move toward others from a place of promise instead of anxiety. As we stand in one of those places, fear may remain close at hand and our spirits may tremble. But now we stand on ground that will support us, ground from which we can lead others toward a more trustworthy, more hopeful, more faithful way of being in the world.<sup>6</sup>

So, from this ground, let me tell you what I want for CHW as an organization, but more importantly, what I want for a community where each of us is important and together we are stronger. I want us to use the voice we have found almost 20 years after our beginning. I want us to speak clearly for those who cannot yet speak for themselves, for those who are on the margins of our communities, who cannot get to our door—and if they do, do not have the means to cross the threshold without jeopardizing the little they have.

**I want us to speak clearly for those who cannot yet speak for themselves, for those who are on the margins of our communities, who cannot get to our door.**

I want us to treasure one another for the gifts we bring to our work.

I want us to welcome all who seek comfort and healing from our gifted hands and have their spirit touched as well. And when the doors of the next world begin to open before them, I want us to stand alongside and usher them into the presence of their God.

I want us to model for our colleagues how to care for our patients and care for our earth.

I want us to link arms with others in our communities to address the underlying causes of pain that too often result in the wounded striking out to wound others.

I want us to share our resources and convince others to leverage theirs to enable those who have lost hope to begin again.

I want us to recognize our core values in every program developed on our floors, in every discussion heard in our administrative suites, and in every decision made at boardroom tables.

I want us to give as much attention to *how* we do things as we do to doing them.

I want our human resources to be as important to us as our financial resources.

I want us to treasure one another for the gifts we bring to our work, for the commitment that keeps us climbing to new heights, and for the humor that lightens our step.

I want us to recognize that we—all of us—are the ones who make a community “where we can give those goods to others who need them and receive them from others when we are in need.”

Finally, I want us to delve deeply into our own hearts so that we can truly lead from within. So that even when we are unable to light the fire and do not know the prayer; and cannot even find the place in the forest, we can tell the story, and it will be sufficient. ■

#### NOTES

1. Parker J. Palmer, *Let Your Life Speak: Listening for the Voice of Vocation*, Jossey-Bass, San Francisco, 1999.
2. Palmer.
3. Palmer.
4. Palmer.
5. Palmer.