

# JESUS AND HIS MINISTRY ON THE MOVE

**W**hen we describe the mission of Catholic health care, we usually use phrases such as: “We continue the healing ministry of Jesus,” or “We extend God’s healing presence in the world.” What does this really mean? I would like to explore the manner and method by which Jesus delivers healing and see what this may offer our ministry as we look at what it means to bring healing beyond the walls of our institutions.



**BRIAN SMITH**

There are only a few instances in the Gospels that record Jesus healing a person inside the walls of a home or synagogue. Most of the healing stories occur in fields, on a hill, or at the roadsides of Judea and Galilee. That is more than an interesting piece of Bible trivia. The Gospel writers intentionally locate Jesus’ healing miracles in the open, in public spaces, to demonstrate that the Kingdom of God is breaking into the world. God can no longer be contained within the Holy of Holies, or the walls of the Temple. God’s healing presence is manifesting itself in the ordinary places where people work, travel and live.

## **MINISTRY ON THE MOVE**

Jesus told his disciples they are to model this “ministry on the move” and to do so unencumbered by the material concerns of this world. “He said to them, “Take nothing for the journey, neither walking stick, nor sack, nor food, nor money, and let no one take a second tunic. Whatever house you enter, stay there and leave from there. And as for those who do not welcome you, when you leave that town, shake the dust from your feet in testimony against them.” (Luke 9:3-5)

The healing ministry of Jesus is always on the move — it is one that goes to the people searching for the lost, broken and marginalized.

I sometimes hear the members of our sponsor boards and some CEOs say, “We must remember when the sisters and brothers came to the New World, they did not come to build institutions.”

The founding congregations originally came

to meet the unmet needs of the poor and marginalized, many of whom were new immigrants. They responded to health care crises such as the cholera and typhoid epidemics of the 19th and early 20th centuries. They were enlisted to care for wounded soldiers on both sides of the Civil War, and they housed, fed and educated the orphans left behind. Like the religious sisters and brothers, we need to be less institution-focused and nimbler, so we can respond to needs as they arise. Our founders knew the ministry of Jesus is always on the move and should not be fettered to buildings.

In the last 10 years, our health care systems have rediscovered the need to be ministries on the move. We have seen the emergence of accountable care organizations, taking on responsibility for population health and bringing preventive care closer to the people they serve. Mobile clinics, outpatient and ambulatory services, located in neighborhoods instead of affixed to large hospital campuses, are the preferred method of care

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delivery. Health care being brought to vulnerable populations, including migrants, refugees, victims of human trafficking, and persons who are homeless, are other examples of how our ministries are going outside the walls of our institutions to where people live, work and travel.

## **A MINISTRY TO ALL PEOPLE**

It also should be noted that because Jesus and his disciples traveled from town to town and region

to region, they encountered people from many countries and faith traditions. Jesus did not limit his preaching and healing ministry to the Jews. He healed the servant of the Roman centurion (Luke 7:1-10), the Syrophenician woman's daughter (Mark 7:24-30) and the Samaritan woman at the well (John 4:1-42). His ministry was to Jews and Gentiles. In other words, God's healing love is available to all.

The Gospels also relate that many of the people who came to Jesus for healing did not fully comprehend who he was or what his ministry was about. They came because they heard about the miracles he was performing. They listened to his preaching because he taught with authority, and not like the religious leaders of their time. The multitudes gathered around him because he was compassionate, accepting and nonjudgmental. Their faith grew gradually as they encountered Jesus.

We experience this same phenomenon in our ministries. We do not limit our care to Catholics or Christians.

We serve people from every nation, every faith tradition and those with no faith. People come to receive our care because they hear we deliver respectful, compassionate, nonjudgmental healing to every person we meet. They usually do not understand that we are a ministry of the Catholic Church — they simply know they are experiencing an act of compassionate love. Through this encounter, they may have an awareness of God's love for them, and, for some, this may result in a deepening of faith.

This is "evangelization by encounter" — a favorite theme of Pope Francis' preaching. It is evangelization of the world, not by words or dogma, but through compassionate care. The church exists to continue the mission of Christ in the world. This means going beyond the walls of our institutions and bringing God's healing to people who are in pain, suffering and feeling neglected. It is ministry on the move so that all people may encounter the healing love of God.

#### **MAINTAINING COMMUNITY AND CULTURE**

Although Jesus and his disciples were always on

the move with a ministry available to all people, they also took time to pray, reflect and be in communion with one another. The Acts of the Apostles and the letters of St. Paul attest to how those commissioned by the community regularly came together to pray, break bread and share how the Lord was working through them (Acts 2:41-47). True ministry always is done on behalf of the community and is sustained by the community. It is essential we remember whose ministry it is, and that alone, we can accomplish nothing.

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Building and sustaining community is always a challenge, especially when you are on the move and located in so many places. As our systems go beyond the walls of large institutions into clinics, outpatient services, home health care and virtual care centers, we need to become creative in the ways we pray, reflect and form communities. Some associates who serve in satellite facilities or remote locations may at times feel cut off from the larger campus. They may feel they are on their own when it comes to formation and workplace spirituality.

It is incumbent for senior leaders to help all associates, wherever they perform their ministry, to be nurtured and fed so they can continue to thrive. This may take the form of prayer during daily huddles, or short (10-15 minutes) formative exercises created by the mission leader to be used at a department meeting. In this way, all associates can experience prayer and reflect on their ministry wherever they are located.

The use of technology also has assisted many systems to extend workplace spirituality. In some systems, daily prayers or reflections appear on

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computer screens as associates log on at the beginning of their shift. Systems like Bon Secours have found some formation modules that can be delivered through a web-based platform. The ability to see colleagues through computer cameras may even allow for a sort of virtual community to form.

In addition, the associates who work away from our main campuses need to be included in our longer formation programs so the same organizational culture is found throughout our systems. I have been amazed, as I have facilitated formation programs for associates who work in so-called back-office positions, at the level of their engagement. When you talk with those who serve in information technology, coding, finance, billing, pre-admissions, etc. about how their job contributes to the healing ministry, they become excited about how their gifts and talents are being used to bring God's healing love to the world. Many will say that is why they work in Catholic health care — because they can see how they make a difference, and because they feel that their spirit is fed through their work.

### **CONCLUSION**

We continue the healing ministry of Jesus not only in our hospitals and long-term care centers, but in

our clinics, outpatient centers, home health, mobile units and other remote locations. Like Jesus, we must stay on the move and not become burdened by the material things that can hinder us. That is not to say we should sell all of our facilities and minister on the streets. It does imply, however, that our focus needs always to be outward. Pope Francis cautions the church not to turn in on itself, lest it become ill from institutional narcissism. Do we keep our systems nimble enough so they can respond to where God may be calling us to serve next?

Through our compassionate care for all people, of all faiths, in all care settings, we preach the Gospel message — not through our words, but through the sacrament of encounter. It is in this encounter that God's transformative love brings healing and hope. For our associates to be effective instruments of this ministry, they need the support and sustenance that comes from prayer and community.

Ministering outside the normal institutional settings does not mean we no longer need prayer, formation and community. These are the foundational elements to all ministry, whether in a large facility or a mobile clinic. As we continue to see the value of formation for all our associates, at all levels of the organization, in all locations, our willingness as an association to share formation strategies and methodologies will benefit everyone in the ministry.

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