Catholic Collaboration: A Sign of Hope

BY JOHN E. CURLEY, JR.

At the 80th Annual Catholic Health Assembly last June, Father Bryan Hehir reminded us that “our [Catholic] institutional instinct is a social asset; in this society, institutions will not do everything, but they fundamentally shape the quality and character of life. How we [Catholics] keep alive that institutional presence is an ecclesial theme, a social challenge, and a human necessity.” (See his article on p. 17.)

I reflected on those words as 190 sponsors, bishops, and system CEOs—lay and religious, all representatives of the Catholic health ministry—met in Chicago October 30-31 to attend the National Convocation, the first step in the New Covenant process.

“New Covenant: A Health Ministry for the 21st Century” is cosponsored by the National Coalition on Catholic Health Care Ministry, the Catholic Health Association, and Consolidated Catholic Health Care. The process is drawing together ministry leaders from across the nation to discern the meaning of change for the ministry and to explore what they might do together on a regional and national basis that would enrich what they do locally.

The National Convocation was attended by virtually every major sponsoring group and system CEO. Through structured discussions we deliberated on the new forms of collaboration and consolidation needed by the ministry to achieve critical mass, influence the U.S. healthcare system, and—most important—meet the healthcare needs of individuals and communities. In doing so, I believe we achieved a renewed sense of confidence in the special strengths we bring to an uncertain market environment. In various ways I heard Convocation participants say the ministry will continue to thrive in the twenty-first century. It will thrive not in spite of market pressures, but because of the unique mission and vitality our ministry brings to those challenges.

Our institutional presence, which is no longer confined to the bricks and mortar of a hospital or long-term care facility (an “asset-based” ministry), can be found in a growing number of collaborative approaches that, as Bryan Hehir suggested, “shape the quality and character of life.” Toward that end, participants reflected on how obstacles could be turned into opportunities and how challenges that have appeared insurmountable could be overcome.

While the tough part lies ahead, I was impressed that participants made pledges, committed themselves to timetables, and outlined specific action plans. Some called for meetings to occur within 30 days, others by the end of the year, all with follow-up and action in place by mid-1996.

Why now? We can easily point to external pressures such as market forces, reductions in govern-
mental support, and managed care. But participants experienced an almost tangible spiritual realization that, as one person noted, "the Catholic ministry is what we all have in common." Another emphasized: "the right people at the right time in the right room."

Among the "right people" was Card. Joseph Bernardin of Chicago, who celebrated the closing liturgy. It was a pleasure to see our good friend looking so fit after his recent hospitalization. The cardinal also provided each participant with a copy of his recent pastoral letter on healthcare, *A Sign of Hope.* This deeply personal reflection should be widely read throughout Catholic healthcare.

As Card. Bernardin writes in *A Sign of Hope:*

> Although illness brings chaos and undermines hope in life, we seek to comfort those who are ill, whether or not they can be physically cured. We do so by being a sign of hope so that others might live and die in hope. In this we find the Christian vocation that makes our healthcare truly distinctive. It is the reason we are present to believers and nonbelievers alike.

> That is why the Catholic health ministry cannot risk perpetuating the status quo. It is why Convocation participants urgently agreed to undertake discussions and other actions around regional and national collaborative efforts during the coming months. CHA pledges to support these efforts in any way we can. Within the next 30 days we will provide a full report on the Convocation outcomes and a coordination plan for the multiple strategic action groups established as a result of the Convocation process.

> Although the New Covenant process is producing a great sense of hope and enthusiasm about the future, we need to recognize that this encouraging spirit will be sorely tested during the coming year. But we will continue to move forward as long as we each take to heart these words from one of the meeting participants: We must "give up successes of the past for successes of the future."

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**MUST READING FOR EVERYONE INVOLVED IN THE CATHOLIC HEALTH MINISTRY**

"As Christians, we are called, indeed empowered, to comfort others in the midst of their suffering by giving them reason to hope."

Joseph Cardinal Bernardin, Archbishop of Chicago

Calling healthcare "an essential ministry" and one especially capable of providing the "sign of hope" so badly needed by the ill, Joseph Cardinal Bernardin has prepared a new pastoral letter on healthcare.

"A Sign of Hope" provides a theological, moral, and social foundation for understanding what is distinctive about the Catholic healthcare ministry. The Cardinal also reflects on his recent illness.

Following up on earlier writings, the Cardinal reiterates his support of the not-for-profit nature of healthcare delivery, asking for others to join him "in resisting efforts to make healthcare in our nation or our own ministry merely another commodity, simply another item to be sold."

As described in the Chicago Tribune, November 7, 1995:

> "[Card.] Bernardin [in "A Sign of Hope"] urged that Catholic institutions collaborate to survive competitive financial pressures, and hark back to their religious mission of providing hope, comfort, and a sense that patients are part of a community."

Request a free copy of "A Sign of Hope"
by contacting Pat Carlyle at CHA: 314-253-3463
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