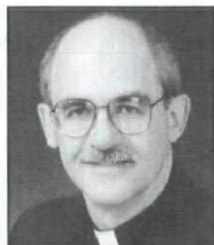


# PROPHETIC MINISTRY IN A NEW CENTURY

*Prophets—Lest We Forget—Are Often Unpopular in  
Their Own Communities*

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In the second chapter of 2 Kings, the prophet Elijah, about to ascend to heaven in a flaming chariot, says to his successor Elisha, "Ask for whatever I may do for you, before I am taken from you." "May I receive a *double portion* of your spirit?" replies Elisha. "You have asked for something that is not easy," says Elijah. "Still, if you see me taken up from you, your wish will be granted." A few minutes later, Elijah is swept up in the chariot, dropping his cloak behind him. Elisha picks up the cloak, puts it on—and is instantly filled with the spirit of Elijah, the powerful and prophetic spirit of God.

We who find ourselves in Catholic health care at the beginning of the 21st century are heirs like Elisha. We are the heirs of the wonderful and courageous founders of this ministry—the women religious who journeyed to the frontiers of the West, confronting the ignorance of the populace, the realities of epidemics and wars, prejudice against Catholics, scarce resources, and a hundred other horrors. To carry on the founders' work, we must beg, like Elisha, for a double portion of their spirit.

We also need to understand better the idea of *prophetic ministry*. What does that phrase really mean? I suggest two lines of inquiry: ministry and prophecy. Each has four characteristics that, taken together, describe precisely what leaders of prophetic ministries are challenged to do.

## MINISTRY

Much ink is being spilled these days concerning the concept of "ministry"—about who does it and how it should be done. Ministry involves:

- Caring for others
- Building community
- Acting in the name of God and the faith community
- Seeing holiness all around

**Caring for Others** This is what ministers do. We care for others: the young, old, sick, troubled, and those making major changes (marriage, for example) in their lives. The phrase "health care" itself suggests a relationship with people who have special concerns, special conditions, and special vulnerabilities. True, we are now involved in a debate about *how* health care can be best delivered—through, for instance, acute care facilities, on one hand, versus "healthy communities" programs, on the other. But these are secondary questions. Catholic health care's commitment to reverence, integrity, compassion, and excellence reflects the charge Jesus has given the ministry to provide high-quality care that puts people at the center of all that it does. So, to my mind, ministry is first about caring.

**Building Community** Caring is not enough, however. Ministry also involves building community. Contemporary Catholic theology speaks of the seven sacraments—baptism, confirmation, communion, and the others—that many of us grew up sharing as moments in the life of a community called *church*. Today that community is itself sometimes described as a sacrament, the fundamental sacrament that manifests Christ in and to the world. All seven sacraments are moments in the life of the community of faith, the people of God. Ministry is thus about building up and strengthening the body of the faithful. Ministry is essentially social, not private. As the old axiom says, all gifts are given for the good of the community.

This thought brings us back to "healthy communities." Health care not only heals individuals and helps them grow stronger and lead more healthy lives; it also enables them to be more active and productive members of their communities. Personal trauma and illness are, moreover, often the result of sick communities: pollution, poor nutrition, crime, domestic violence, and

poverty. Helping a community mend such problems is also a way of doing ministry.

But if we are to do our work in the context of a faith community, then our ministry—health care—cannot be divorced from the other ministries that make our communities of faith vibrant: parishes, schools, charities, lay associations, and diocesan offices. We are all involved in the well-being of the faith community and in the larger secular community of which we are a part.

**Acting in the Name of God and the Faith of the Community** Ministry is exercised in the name of God and of a faith community. Catholics demonstrate this action through rituals such as ordination, the taking of vows, commissioning offices, charging with responsibilities, and investing with authority, always recognizing that the person on whom the ritual is focused acts in the name of God, represents God and God's people, serves God and God's people, and needs God's grace to be successful. In health care, this acting "in the name of God and in the faith of the community" was perhaps seen more easily in the days when women religious in Catholic hospitals wore habits. (Although, even then, too few of us thought to include secular staff members—physicians, nurses, orderlies, and security guards—in the ministry.)

Although today's Catholic hospitals still possess religious names and religious ornamentation, they often seem more technological than ministerial, more bureaucratic than blessed. This reality underscores the importance of mission, charisma, and sacred stories in our ministry. We need to find new ways of highlighting the ministerial nature of the institutions, the specialties, and the staff of all types. We need commissionings, investings, celebrations, testimonials, and a clear line of connection back to the church, the bishops, and the people of God.

**Seeing Holiness All Around** One mark of ministry in the church is holiness—whether real or perceived. When a newly ordained priest first has someone kiss his hands, he is embarrassed and humbled, if only because the person doing the kissing is usually someone the new priest considers to be much holier than he is. People who act in the name of God and of the faith community should have a sense of the holy all around them. To heal

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is holy. Jesus sent the apostles out to preach the good news of the Gospel and to heal. Jesus intended them to restore people to the good health that God wanted for them and to the community that cared about them. Today Catholic health care leaders should perhaps kiss the hands of our hospitals' physicians, nurses, orderlies, administrators, and accountants! That action would certainly

get them thinking about the work in which they are involved.

If Catholic health care leaders are to exercise a ministry, they must recognize the holy in ordinary lives—in the pain and suffering of patients, in the love of family and friends, in the fear of death and the unknown, in the challenge involved in building communities of justice and peace, in the compassion of so many who make Catholic health care a reality. They must also recognize the holy in themselves as well. Those who fail to find God in their joys, hopes, griefs, and anxieties will fail to find God anywhere. Holiness is about seeing God all around us and within us, which is the meaning of spirituality in its highest form.

Those in Catholic health care who aspire to be leaders in ministry must be people who care, people who build community in the name of God and the church, people who are holy and see holiness around them.

#### **PROPHECY**

Prophecy, like ministry, has four characteristics:

- A determination to set things right
- A special concern for the poor
- A costly fidelity
- A passionate love

**A Determination to Set Things Right** We tend to think of prophets as people who foretell the future. In the Scriptures, however, that aspect of prophecy is accompanied by one stronger and deeper: Prophets are those who see and speak the truth, and do so with a purpose.

In the Old Testament, prophets are the first to denounce evil, especially social injustice, and to announce the good news of God and God's plan for humanity. Whether the Hebrew people were in exile, in slavery, or merely in political and moral disarray, the message of the prophets was the same strong medicine. Their primary theme

was not about forgetting the rituals of the temple, or forsaking the Scriptures, or worshipping false gods. Their message was: *You have forgotten the poor.* As Isaiah put it, "Our God does not want sackcloth and ashes, holy days and sacrifices. Our God wants captives freed, bonds broken, the hungry fed, the naked clothed, and the poor restored to their rightful place in the midst of the community" (Is 58: 5-7).

Again and again, this was the prophets' message. In the words of Jeremiah:

Thus says the Lord of hosts, the God of Israel: Reform your ways and your deeds, so that I may remain with you in this place. Put not your trust in the deceitful words: "This is the temple of the Lord! The temple of the Lord! The temple of the Lord!" Only if you thoroughly reform your ways and your deeds; if each of you deals justly with his neighbor; if you no longer oppress the resident alien, the orphan, and the widow; if you no longer shed innocent blood in this place, or follow strange gods to your own harm, will I remain with you in this place, in the land which I gave your fathers long ago and forever (Jer 7:3-7).

The prophets said the fact that the hungry were unfed, the poor were homeless, and the orphans were uncared for was evidence that the Hebrew people had forgotten who their God was. And by forgetting the revealed God, they had lost their identity, which was rooted in the truth of God and of this living community.

**A Special Concern for the Poor** For the prophets, the key measure of the community's justice was its treatment of the poor. From the time of the Deuteronomic laws, the covenant, and the earliest prophets, the Hebrews had had a special regard for the poor and had kept a special place for them in the community. The Hebrew word for the poor is *anawim*, the little ones, which originally meant "those overwhelmed by want." In the Old Testament, such people are primarily widows, orphans, and "strangers" (refugees, sojourners, migrants, immigrants)—society's poor and power-

# Biblical Israel's treatment of the poor was seen as a measure of its fidelity to God.

less. Their very existence, and the harsh nature of the lives they lead, was seen by the prophets as a consequence of Israel's having violated the social virtues rooted in its ancient ideals. The poverty of the *anawim* was often the result of unjust oppression.

Scriptural commentators have continued to speak of the *anawim*, but in doing so today they refer to four particular groups: wid-

ows, orphans, strangers, and the poor. The last group, "the poor," which more often than not describes the actual economic condition of the first three, is sometimes also used to include them. The four groups tend to share not just poverty but also powerlessness, exclusion from the community, and oppression by others. Believers are charged to see to it that the *anawim* have the means to meet their basic needs because then, when they possess those means, they cannot be excluded from the community or its decision-making.

As both the Hebrew people's faith and their comprehension of the Scriptures grew stronger, they made care for the *anawim* the test of Israel's faithfulness. The poor became, rather than objects of optional charity or pious generosity, the measure of Israel's fidelity to the Lord Yahweh. Right treatment of the poor lay at the heart of the concept of biblical justice and righteousness.

By the same token, our contemporary debates concerning health care—about funding, the design of systems of information and care, access to drugs and enhanced technologies, healthier communities, and the entire future of the Catholic health ministry—must be shaped by a preferential concern for those who, having the fewest resources and the least access to power, are the most likely to be excluded from the current system. But shaping the debates in this way will be all the more difficult as margins are slashed, reimbursements curtailed, the costs of technology increase, and political attacks come from both the left and the right.

The poor, however, must remain at the center of our work, our lives, and our hearts.

**A Costly Fidelity** In the fourth chapter of Luke, Jesus returns from the baptism at the Jordan,

filled with the Holy Spirit and the purification of the desert temptations:

He came to Nazareth where he had been reared, and entering the synagogue on the Sabbath as he was in the habit of doing, he stood up to do the reading. When the book of the prophet Isaiah was handed him, he unrolled the scroll and found the passage where it was written: "The spirit of the Lord is upon me; therefore, he has anointed me. He has sent me to bring glad tidings to the poor, to proclaim liberty to captives, recovery of sight to the blind and release to prisoners, to announce a year of favor from the Lord." Rolling up the scroll he gave it back to the assistant and sat down. All in the synagogue had their eyes fixed on him. Then he began by saying to them, "Today this Scripture passage is fulfilled in your hearing" (Lk 4:16-21).

Luke points out that Jesus was a man of the synagogue, in the habit of attending its rituals. In this way, Luke roots Jesus deeply in the tradition. As a man of the synagogue, Jesus understood the Scriptures, both what the texts explicitly say and the long and deep history that gives them body and sinew. So when Luke's Jesus says, "I've come to bring good news to the poor, liberty to the captives, freedom to prisoners, and to announce a year of favor from the Lord," the declaration cannot be taken as casual.

The Lucan Jesus is positioning himself squarely in the line of the prophets: "But in fact, he went on, 'no prophet gains acceptance in his native place'" (Lk 4:24). Jesus comes as the prophets do, making the care the Hebrew people extend to the *anawim* the litmus test of their fidelity to Yahweh and their identity as God's people. But the reaction of the synagogue worshippers is like that of their ancestors: "At these words the whole audience in the synagogue was filled with indignation. They rose up and expelled him from the town, leading him to the brow of the hill on which it was built and intending to hurl him over the edge" (Lk 4:28-30).

Although Jesus eludes his persecutors on this occasion, he will of course ultimately suffer a prophet's traditional fate in his Roman execution. One conspicuous quality of the call to prophetic ministry is its abiding unpopularity. If we respond to the call, we will experience failure and rejection, as Jesus does at Nazareth. And if we persist in working for justice, with a special care for the poor, the political, economic, and social powers will reject us.

How then do we become or remain prophetic leaders of the Catholic health ministry if doing so means we must face adversity, rejection, and failure?

**A Passionate Love** Jesus' rejection in Nazareth is only one instance of the opposition to his teaching, which begins early in each of the Gospels. By the time of the Nazareth incident, his friends' hope that his teaching will meet widespread acceptance has faded. To the contrary, Jesus has met increasing opposition from Israel's religious and social leaders, who have sent a constant parade of scribes, elders, and Pharisees to speak against him. Jesus thus becomes even more the prophet, and, as prophets before him had done, he proceeds to Jerusalem to confront those who have perverted the covenant relationships.

This passionate determination is the work of the spirit of Yahweh the vindicator, the prophetic spirit of Isaiah, Jeremiah, Micah, and all the prophets of the covenant. This spirit, which combines passion, strength, and wisdom, provides Jesus with the endurance he needs to face adversity and suffer persecution, while remaining faithful to the end. This *missioning* spirit breaks through locked doors and failed hearts on Pentecost and recommissions the followers of Jesus to cast aside fear and disillusionment and put on a boldness that otherwise would have been beyond them. This boldness is the work of a spirit that Jesus had called "The Advocate, the holy spirit that the Father will send in my name—he will teach you everything and remind you of all that I told you" (Jn 14:26).

For those who work in prophetic ministry, the spirit is the same power that calls us to love the Lord God and to preach God's reign. The spirit that makes the healing good news possible in our mouths is that of Jesus of Galilee. However, it is the spirit of the Jesus of Jerusalem that sharpens our tongues so that we can issue prophetic challenges to those who forget what the reign of God is meant to be. It makes us advocates for those for whom the good news comes. It makes us passionate about God's poor. And it makes us determined to see high-quality health care for all, beginning with the least among us.

#### **A PASSION-DEEPENED COMMITMENT**

So where do we go from here? How does one take this message and make it one's own? In brief, I suggest that, to become truly part of the Catholic health ministry, you must make advocacy an integral part of your job description, root yourself in the daily life of those who are poor, pray to see the holy in yourself and those around you, and beg for a passion-deepened commitment to prophetic ministry. □

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