

# Can We Become a “Ministry Engaged”?

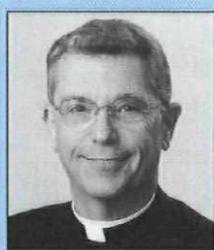
BY FR. MICHAEL D. PLACE, STD

When this column appears, it will have been nearly five years since I was selected by CHA’s Board of Trustees to serve as your president. As part of the interview that preceded the board’s action, I was asked to comment on the then current challenges facing the organization, as well as on my hopes for its future. Not surprisingly, I brought to both of those requests some of my experiences as a theologian and as a person who had a leadership role in a large archdiocesan church.

As I recall my remarks at that time, they focused, in part, on what I saw as, first, a need to strengthen a complex set of relationships that are critical to the well being of the ministry (with, e.g., sponsors, bishops, and systems) and, second, a need to achieve an enhanced sense of common identity that would allow the ministry to work more effectively to meet its two-fold imperative of service and transformation. The pursuit of the first goal was a primary focus in the first years of my service. Although much has been accomplished, sustaining and strengthening any relationship is an ongoing process. So, too, for CHA. The development of the 2002-05 strategic plan is but an example of those continuing efforts.

The pursuit of strengthened relationships was, however, never intended as an end in itself, but rather as an essential means of achieving the potential the ministry needs to be truly effective in the pursuit of its mission imperative. Ironically, as the relationships were strengthened, the need for a better sense of common identity became more apparent. The board contributed to the conversation about our common identity when it affirmed that CHA is “more than a trade association.” In other words, we are not a Catholic version of the American Hospital Association. Our existence as a ministry is not a veneer that encases a piece of the so-called health care “industry.” On the contrary, being a ministry truly differentiates us from other aspects of health care delivery.

But how do we *name* that differentiating reali-



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ty? Unlike the strengthening of relationships, this naming has proven to be an elusive goal. Although the pursuit was assisted by our efforts in the area of leadership development (e.g., the leadership competencies), as well as by the development of the identity statement and core commitments, the “whatness” (as philosophers would have said) of being CHA did not emerge easily. Faced with this continuing void, we decided, as staff, to start the process with a clean slate. We hypothesized about how we would speak of ourselves if we were founding CHA today. Clearly one dominant word (and image) that is present in all of our conversations is *ministry*: As our identity statement notes, “we are the people of Catholic health care, a ministry of the church continuing Jesus’ mission of love and healing today.” This affirmation reflects the words that Pope John Paul II spoke to CHA in 1988.

But CHA is not a formal ministry of the church. Although it can be found in the Kennedy Directory and is thus identifiable as “Catholic,” CHA lacks official ecclesial juridic status. In other words, CHA is not a reality that has been brought together or constituted by ecclesiastical authority. Rather, it is a voluntary *gathering* of various formally recognized ecclesial entities (religious orders, public juridic persons, and local health care ministries) that come together “to support and strengthen the Catholic health care ministry in the United States.” It was while we were reflecting on this fact that someone put two and two together and suggested that CHA is the *ministry gathered*. The phrase quickly found acceptance, and over time has been increasingly used when one of us is speaking about CHA—so much so that this past February the board incorporated it into our role statement.

But how is it that the ministry *gathers*? Clearly we gather in the Gospel spirit of service and servant leadership. As rich and powerful as these images are, they seem to be not fully adequate. This is because the church’s entire ministerial life is in service to its mission, which is, in part, about

proclaiming the reality of the reign of God and cooperating with the Holy Spirit in bringing it about. All those in ministry are painfully aware of the “not yet” that surrounds us: the presence of the poor and marginalized, the existence of sin and evil. But we also are compelled to make things different. Namely, we seek, wherever we are, to transform the present so that God’s salvific power can triumph. We are the healing ministry of Jesus gathered for transformation.

During the nine months of dialogue about the 2003-05 strategic plan, we asked ourselves what we were about as ministry gathered as we pursued the Gospel call of internal and external transformation. The answer was clear: mission, ethics, and advocacy. To ensure that we could be mutually accountable for realizing these directions, we identified eight measures of success that both motivate and monitor our efforts as ministry gathered, so that we could be truly focused on our goals.

As part of our planning process, CHA’s Executive Committee and senior staff met, both in person and via e-mail, with the CEOs of the systems that represent more than 71 percent of the acute care institutions that are part of CHA and more than half of long-term care participants. These formal conversations were the logical conclusion to the dialogue that began in 1988 with the board’s creation of a system task force. The purpose of these conversations, which were proposed by several system CEOs, was to consider how our organizations could most effectively coordinate their efforts so that all of the “ministry gathered”’s resources could most appropriately contribute to our transformative efforts.

As a result of those and subsequent conversations, it was agreed that we would, over the next several years, develop a new way of working together, employing two of our measures of success as the occasion for these efforts. Still committed to our goal of universal coverage, we have played a leadership role in the passage of legislation that results in coverage for at least 15 percent of the uninsured population. The national

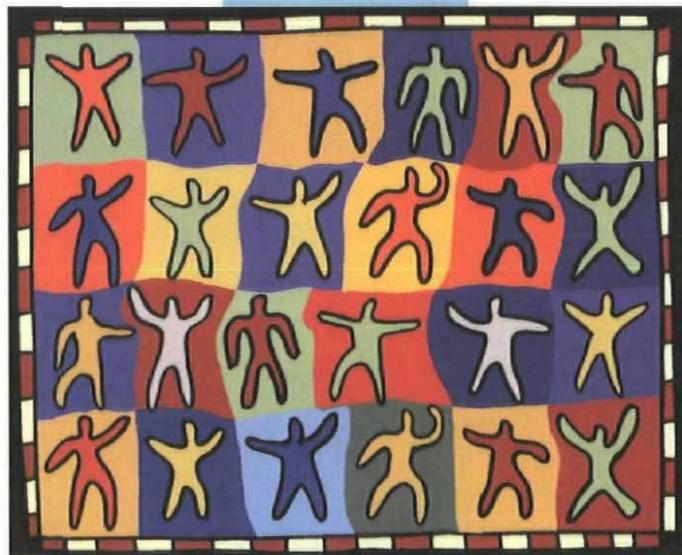
survey favorability rating for Catholic hospitals has (proportionately) increased by three to five points, reflecting a growing appreciation of our mission by the general public. The hope is that all in the ministry would identify the pursuit of these measures as their responsibility and not just the responsibility of some amorphous “they” that is the CHA staff. Theoretically this would mean that, as it became appropriate, all of the resources of the Catholic health ministry would be available to and accountable for these measures. If that

were to happen, then truly much more could be achieved than ever previously thought possible. Such galvanization of efforts certainly could make transformation possible. As we discussed these possibilities, one of the system CEOs, Barry Halm of Benedictine Health, observed that if we were successful in these efforts then we would have become a *ministry engaged*.

“Ministry engaged”: It’s a simple phrase, just two words, but a powerfully evocative image. Much like other phrases—such as “body of Christ,” “people

of God,” or “ministry gathered”—“ministry engaged” leaves more to the imagination than it defines. It grounds us in Galilee along side the Lord as he cured the lame and the blind; it unites us with the Holy Spirit as it sent forth the disciples to give, as Peter said, “I have no silver or gold, but what I have I give you; in the name of Jesus Christ of Nazareth, stand up and walk.” It compels us with the same energy and passion that brought Saint Frances Cabrini and Mother Mary Baptist Russell to this land; and it motivates us to the same heroic sacrifice for the sake of the kingdom that marked the lives of Mother Mary Elizabeth Lange and Saint Katharine Drexel.

Unfortunately, the very simplicity of the phrase can be its undoing. For some, it might seem “too churchy” and therefore alienating. For others, its almost transcendental character might be perceived as an excuse to avoid the rigors associated with managing a successful business enterprise. Although one could argue persuasively that, in the end, church and ministry are fundamentally



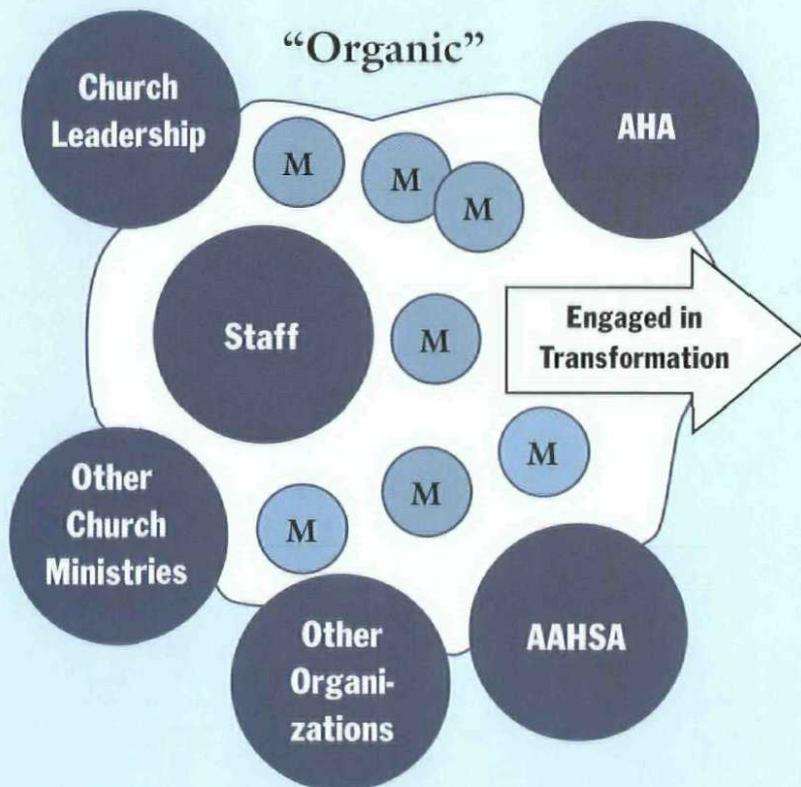
inclusive and that Gospel "driveness" and truly good business are compatible, the reality is that no image is fully adequate. And that is true for a good reason: In the end we are in service of the ultimate mystery, which can never be adequately captured or defined. Even on the purely human level, one's own identity as a person can never be adequately captured by a word or a phrase.

At issue is the question whether "ministry engaged" is really helpful to us as we seek to understand *our* identity as CHA. To assist us in answering that question, we have developed the drawing below. It seeks to express what words cannot. As helpful as some have found this charac-

terization, it is constrained by its one-dimensionality. Missing from it is the power of the Holy Spirit that gathers us, unites us, and sends us. Likewise, the Reign of God, "present but not yet fully realized," with its resulting simultaneous experience of potential and radical discomfort, is not present.

Over the next months, we will be developing together the structures and processes necessary for us to begin to actualize the potential of being "ministry engaged." I am confident that, even if "ministry engaged" is not the best way to express our identity as CHA, an effort to become a *ministry engaged* will be well worth our while. □

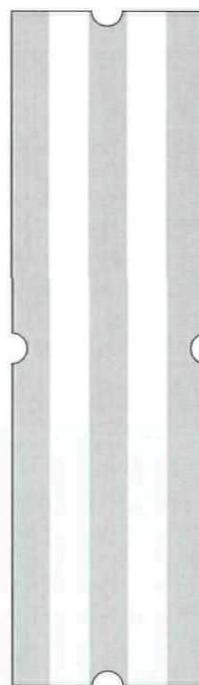
### CHA as Ministry Engaged



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