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THE MISSION IMPERATIVE: OUR FOUNDATION AND MARKET ADVANTAGE

Today, as leaders in the Catholic health ministry face an increasingly turbulent present and uncertain future, they might find it helpful to consider the following questions:

- What led to the development of the Catholic health ministry, and what compels us to sustain it in these challenging times?
- What does the MISSION of the Catholic health ministry require of us today and tomorrow?
- What does it mean to say that MISSION is and can be a market advantage, particularly in these difficult times?

Although many of us may know the answers to these questions, the exigencies of the moment often cause us to lose sight of these fundamental realities. Thus contract negotiations, development of advocacy agendas, and formulation of strategic plans often occur with little if any specific reference to the imperative of MISSION and its requirements.

However, if the Catholic health ministry is to survive as an effective and relevant expression of the Church's ministry, the imperative of MISSION must be the lens through which we see and understand all that we do and are about.

MISSION: THE IMPERATIVE FOR MINISTRY

Like all ministries of the Church, the Catholic health ministry exists because of MISSION. MIS-



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*To Survive,
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**BY SR. JEAN deBLOIS,
CSJ, PhD**

SION, in capital letters, represents that ontological reality which gives meaning to all the ministry's activities. Simply put, MISSION means being sent *as Jesus was sent* to be a presence of radical healing in the world on behalf of the king-

Summary Simply put, MISSION means being sent *as Jesus was sent* to be a presence of radical healing in the world on behalf of the kingdom of God. Our capacity to sustain Catholic healthcare as a ministry of the Church depends on our realization that all our activities must flow from the core of who we are, that is, from our spirituality.

Thus MISSION requires certain attitudes and behaviors, including that we reach out to all persons in need, that we be immersed in the world, that we be prophetic, and that we express the kind of love that led Jesus to give his life.

As ministry, we must provide witness as well as service because the call to be MISSION in the world is also the call to build up the kingdom of God within. Several basic commitments lie at the heart of who we are: supporting the dignity of all persons, caring for the poor and vulnerable, building up the common good, and practicing responsible stewardship.

Changes within the environment and within the ministry itself present some potential perils but also great opportunities. For example, although managed care, when misused, is a flawed system, it also has possibilities that are very consistent with ministry values and commitments, forcing us to look at the needs of communities, not just individuals.

The requirements of MISSION should also be understood as ways to gain market advantage. Unless we have sufficient advantage in the markets where Catholic health ministry is present, our capacity to effectively transform the present reality on behalf of God's kingdom will be limited.



dom of God. Jesus came to bring a healing that addressed the brokenness at the core of the human condition. Thus Jesus healed not only physical illnesses; he also sought to heal those things which divided the human community in order to create the conditions necessary for true health for all persons.

Jesus' primary MISSION was to *be* a radical healing presence in the world, not simply to do healing activities. That is why he frequently withdrew from the activities of his ministry in order to spend time in prayer and reflection. In this way, Jesus ensured that what he did flowed from who he was.

Because we are so oriented to action and outcomes, this notion is difficult for us to grasp. However, our capacity to sustain Catholic healthcare as a ministry of the Church depends on our realization that all our activities must flow from the core of who we are, that is, from our spirituality. We must realize that the spiritual center of ourselves and our organizations requires sustained nurturance. If we, as ministry leaders, cannot or will not commit ourselves to meeting this basic need, we may wake up one morning in the not too distant future and find that, even though our healthcare organizations are successful and competitive, we have lost the Catholic healthcare *ministry*.

MISSION-DRIVEN BEHAVIORS

As the imperative that drives the ministry, MISSION requires certain attitudes and behaviors as we seek to be a presence of radical healing in our world.

First, MISSION requires that we reach out to all persons in need, regardless of who they are; their condition or situation; or their position within the social, economic, or political spectrum. If our healthcare activities are to further the kingdom of God, we must make the expansiveness and inclusiveness of that kingdom known through everything we do.

Second, MISSION requires that we be immersed in our world as Jesus was immersed in his. We must not shrink from the world because we fear being sullied by what we encounter there. Rather, we must engage our world with the firm conviction that it is a place of grace wherein the kingdom of God already is present, even though

much healing remains to be done before the kingdom breaks forth in its fullness.

Third, MISSION calls us to be prophetic, to call all persons and institutions to fidelity to those things which the kingdom of God requires, even while knowing that such prophecy may be unwelcome and may prevent us from aligning ourselves and our organizations with the wealthy and the powerful.

Finally, MISSION calls us to express the kind of love that led Jesus to give his life so that others might have life in abundance. This is the kind of love that builds community. It must compel us as we move into the future by helping us break down the walls that divide us within the ministry, as well as those which keep us at a distance from those who are outside our ministry.



PROVIDING SERVICE AND WITNESS

The Catholic health ministry is both a response to and a vehicle for MISSION. It is a way of being a radical healing presence in the world on behalf of the kingdom, the reign of God. To be a worthy vehicle for MISSION, we must do more than simply provide healthcare services.

Many organizations do this and do it well. As ministry, we must provide service as well as witness because the call to be MISSION in the world is also the call to build up the kingdom of God within. When we say to the persons and communities we serve, "We are about building up God's kingdom on earth," they should be able to see reflected in our work and our lives together just what that kingdom will look like when it finally breaks forth in all its fullness at the end of time.

Toward these dual ends of service and witness, several basic commitments lie at the heart of who we are and what we are about:

- The Catholic health ministry commits itself to *support and defend the dignity of all persons* across the life continuum. This commitment is rooted in our belief that every person bears within the image of the Creator God and therefore possesses an inalienable dignity.

- The ministry takes seriously the biblical mandate to *care for poor and vulnerable persons* and

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thus commits itself to concrete action on their behalf.

- Recognizing that human persons are social by nature and that human life takes place within the context of community, the ministry commits its energies and resources to *building up the common good*.

- Recognizing that all we have is a gift given by a loving and gracious God, the Catholic health ministry commits itself to *responsible stewardship* at every level of activity.

Each of these commitments represents a radical, prophetic stance in the midst of a society that often takes differing and conflicting positions. Nonetheless, our ability to be the MISSION of God in the world depends on our capacity to sustain and broaden these core commitments at the heart of our ministry.

CHANGING TIMES AND CHANGING MINISTRY

For persons involved in the Catholic health ministry today, nothing is more universally apparent than this: Change is our reality and the only constant on which we can rely. Some changes are particularly relevant to this ministry:

- We are moving from a way of providing healthcare services that focused almost exclusively on the individual person to one that focuses more on persons and the communities of which they are a part.

- We are abandoning (although slowly) a fragmented approach to care in favor of an approach based on care rendered across a continuum.

- We are moving from a fee-for-service, illness-oriented system to one in which care is managed, payment is prospective, and the focus is on prevention and wellness promotion.

- Many providers of healthcare services are taking on the additional responsibility of being the guarantor of health services.

Although some persons long for the "good old days" and resist these changes, each of these shifts is consistent with what many in the Catholic healthcare community sought to achieve during the failed healthcare reform efforts of a few years ago.

In addition to these changes in the way health services are thought of and provided, shifts are taking place in the way the ministry is both governed and positioned:

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- The Catholic health ministry is moving (again slowly) from almost exclusive governance by religious congregations to increasing governance by laypersons.

- Because of the changes noted above, the Catholic health ministry is moving from the "parallel track" that it once enjoyed to a position more embedded within the broader healthcare system and American culture.

- The ministry increasingly is abandoning a "lighthouse" model of self-definition in favor of understanding itself more as a leaven (see Rev. Kevin D. O'Rourke's article on pp. 34-38). That is, the ministry no longer simply stands outside the broader system and culture warning about the dangers and pitfalls of providing health services. Rather, it is more and more immersed in the system and culture, bringing the ministry's values and commitments to bear on all aspects of healthcare in order to transform the system from within.

Although many in the ministry recognize that these shifts are consistent with the Second Vatican Council's understanding of the role of the Church and the laity in the world, others—including some bishops, sponsors, and lay leaders—are concerned about these changes. While each of their concerns certainly contains a grain of truth, the imperative of MISSION demands that we see not only the potential perils in the present and emerging reality but also the great opportunities that exist.

Managed Care Flawed Some in the ministry maintain that managed care is "morally flawed" and should not be adopted by our ministry. As Br. Daniel Sulmasy, OFM, MD, has put it: "Managed care is a system which disguises the real decision makers, cuts off public debate on larger social issues, and gives less care in order to spin off more profits to investors" ("Managed Care 'Morally Flawed,'" *St. Louis Review*, October 18, 1996).

Although we must recognize that managed care can indeed become flawed when misused by unscrupulous persons, we also must realize that it is merely a tool and, as such, is morally neutral. Moreover, we should recognize that, as a mechanism for financing and delivering healthcare services, managed care has certain possibilities that are very consistent with ministry values and com-



mitments. For example, used well, managed care forces us to look beyond the isolated individual and her needs to the community of which she is a part and to examine the needs of one in relation to the needs of the other.

Focus on Cost Control A second charge is that the changes in the healthcare system are focused exclusively on controlling costs, ignoring other, more important things. Although *exclusive* focus on controlling costs can indeed lead to disastrous results, honing our financial skills as we seek to drive inappropriate costs from the system increases our ability to expand access to vulnerable persons and communities.

Business Versus Ministry Many ministry leaders have expressed concern that healthcare is becoming big business and big business and ministry are incompatible. It is time, they maintain, to abandon institutionally based healthcare and get back to the basics of hands-on ministry. However, raising the red flag of the supposed dichotomy between business and ministry blinds people to the reality that business, because it is a human endeavor, can be a graced activity. "Doing business" should not be seen as the nemesis of "doing ministry." Rather, business should be understood as an instrumental value that enables us to do what ministry requires. This means, of course, that the manner in which we conduct the business of a health ministry must be informed and driven by the values and commitments that flow from the MISSION imperative.

Choice of Partners Because survival in the present environment requires partnering with other healthcare organizations, many persons believe that the identity of Catholic entities will be either diluted or lost in the process. Although we should exercise vigilance in building partnerships with others, both within and outside the Catholic tradition, the need for such relationships should be seen as an opportunity to form greater connections with all God's people. Too often, we in the Catholic health ministry seem to think that we are the only values-driven organizations, a misguided notion at best.

Dangerous World Finally, some persons seem to believe that the world is not the proper venue for the "sacred" and thus conclude that the increasing immersion of a Church-sponsored ministry in the world is both dangerous and inappropriate.

There is certainly some cause for concern that our ministry could become secularized as it becomes more immersed in the culture of American healthcare and society. But there is also cause for hope that such growing involvement in American culture will increase the ministry's opportunity to bring a unified voice to bear on the health-related issues of our day.

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MISSION AS MARKET ADVANTAGE

At first glance, it seems a perversion of the notion of MISSION to propose its use as a tactic in the marketplace. A correct understanding, however, underlines just how appropriate it is to think in this way.

The MISSION imperative that compels us to ministry calls us to position ourselves and our organizations in such a way that we can effectively transform (i.e., radically heal) the present reality on behalf of God's kingdom. Unless we have sufficient advantage in the markets where the Catholic health ministry is present, our capacity to bring about such change will be limited. Thus the requirements of MISSION noted earlier should be understood also as ways to gain market advantage.

In other words, by reaching out broadly beyond our traditional boundaries; by seeking to become more savvy about the world of which we are a part; by speaking prophetically on behalf of the Gospel truth; and by loving in a selfless, community-building manner, we should be better able to capitalize on the many opportunities available to us. Thus the ministry should maximize both its assets and its power base *in order to* be as Jesus was, a *presence of radical healing* in the midst of a world in need. □

At the 82nd Catholic Health Assembly, June 8-11 in Chicago, Sr. Jean deBlois, CSJ, will speak at a concurrent session titled "The Leaven in Healthcare: Partnerships with Other-Than-Catholic Organizations." Sr. deBlois examines the theological rationale for developing partnerships with other faith-based and values-based organizations. For more information on the assembly, see pp. 17-19.

